## PLAYER REGISTRATION

## STEP-BY-STEP INSTRUCTIONS TO REGISTER FOR YOUR TEAM.

1. Create an account on burbankparks.com.


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## 2. Select "Adult Sports" Catalog Tab



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## 3. Select the Adult Sports league.

```
ADULT VOLLEYBALL LEAGUES
Adult Volleyball (2) What kind of player are you? Are you dig.
ADULT BASKTEBALL LEAGUES
Men's Basketball (1) So you think you're a baller? Join the Bur.
Women's Basketball (1) So you think you're a baller? Join the Bur.
ADULT SOFTBALL
Men's Fast Pitch (1) The Men's Fast Pitch Softball league is of.
Women's Fast Pitch (1) Fast Pitch is for the real players! Whethe.
Monday_Open Coed (1) Build camaraderie with your coworkers b.
Senior Softball (1) Keep those good ole days alive! Join oth.
SUNDAY OPEN COED (1) Create memories and fun times with frien.
Men's Slow Pitch (Tuesday.) (1) Whose says these aren't your glory days.
Men's Slow Pitch (Thursday) (1) Whose says these aren't your glory days.
Church League (Summer only.) (1) The Church Softball leagues are offered
```


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```
4. Make sure player's name is selected. Then select "Add to Cart"
            Activity Senior Softball
            Session Summer 2022
            Location George Izay Park
    Field/Facility Multiple Facilities
            Address 1111 W. Olive Ave Burbank, CA 91506
            Phone 818-238-5385
        Date Range 05/01-08/07
Schedule Details 8a-Noon every Sun from May 1 to Aug 7 at George Izay Park
            Balffield 1
            8a-Noon every Sun from May 1 to Aug 7 at George Izay Park
            Ballfield 2
            8a-Noon every Sun from May 1 to Aug 7 at George Izay Park
            Ballfield 3
            Balfield 3
            8a-Noon every Sun from May 1 to Aug 7 at George Izay Park
            Ballfield 4
    Age/Gender 45-99
            Fee $606.00
    Registration Opened Mar 7-09:00 AM
Min Participants 6
Max Participants 12
```



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5. Continue to "Checkout" Player won't be charged a fee.


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6. Confirm attachments. These will be automatically emailed to the player after registration.


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## 7. Complete the prompts. Team name and Manager Name are VERY important!

| Prompts |
| :--- |
| Prompt |

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## 8. Digitally sign and confirm Hold Harmless and COVID waivers.

## SPORTS | Individual COVID Responsibilities

## Applies to:

Brianna Krejsa for Senior Softball Summer 2022

## INDIVIDUAL COVID RESPONSIBILITIES

I will not attend meetings, practice and/or competitions if any of the following apply:
I, or any member of my household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over $100.4^{\circ} \mathrm{F}$ or $38^{\circ} \mathrm{C}$ ) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. I will check my temperature at home prior to attending meetings, practices, and/or competitions; and will not attend if my temperature is at or over $100.4^{\circ} \mathrm{F}$ or $38^{\circ} \mathrm{C}$.
, or any member of my household have been diagnosed with COVID-19 or have a suspected diagnosis of COVID-19 or pending COVID test within the last 1 . days.

| chelkuit rukbrianiv |  |
| :---: | :---: |
| 2 Account Profile | $\$ 0.00$ |
| 䍖 Browse Catalog |  |
| (V) Attachments |  |
| (v) Prompts |  |
| (1) Waivers |  |
| (5) Payment |  |
| 国 Receipt |  |

I, or any member of my household have spent time with another individual who have been diagnosed with COVID-19 or have a suspected diagnosis of COVID-

I, or any member of my household are currently under isolation or quarantine orders.
If I test positive for COVID-19 or have been identified as being exposed to an individual that has tested positive for COVID-19, I agree to immediately inform City of Burbank and acknowledges that the City of Burbank must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including my name and contact information. I consent to the City of Burbank providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the City of Burbank and / or LACDPH.

I understand that I may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious illness, or death for both myself and my household members.

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9. Complete transaction. Payment will be $\$ 0.00$

Payment


