

REGISTRATION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ Gender: _____
Last First

Address: _____ City: _____ Zip: _____

Grade: _____ School: _____ Parent's Name: _____

Home/Cell Ph#: _____ Work Ph#: _____ E-mail: _____

Emergency Contact Name: _____ Emergency Phone: _____

Program Name	Division	Session/Date of Class	Time	Fee

YOUTH SPORTS ONLY

Please complete the following information to help balance teams. **PLAYER REQUESTS WILL NOT BE TAKEN.** Thank you.

Height: _____ Weight: _____ # of seasons previous played in this sport: _____

T-Shirt Size: (Please circle) YS - YM - YL - AS - AM - AL - AXL
Sizes (6-8) (10-12) (14-16)

In this sport, my child has: few skills moderate skills advanced skills

Please check one or more of these boxes that you will assist with to support your child's team.

- I am interested in coaching -----Name: _____ Contact #: _____
- I am interested in assistant coaching -----Name: _____ Contact #: _____
- I am interested in sponsoring a team -----Name of Business: _____

If your child is taking any medication or has any medical conditions that coaches, staff, etc. should be aware of or that could affect his/her participation, please list: _____

How did you hear about this program? Please answer below:

- Park/Rec. Activity Guide Lunch Menu E-Mail Facebook/Twitter City's Website
- Cable Channel 13 Already familiar with sign-ups Other? _____

WAIVER AGREEMENT

I hereby agree to participate (or allow my child to participate) in the above-named program, which is a recreational or educational activity to be conducted by the City of Post Falls, and do hereby acknowledge that such participation presents risks, some of which are unknown. I agree to assume all risks associated with such participation. I do, on behalf of my child/ward and any persons who may have an interest in his/her well-being or property, hereby release and forever discharge the City of Post Falls, Idaho, its agents, servants, employees and cooperators from any and all real possible claims for damages or other harm to person or property, regardless of the manner by which any such claim may be bought. I accept the terms of this complete and total release and agree to be bound by it of my own free will. I understand that the Post Falls Parks & Recreation Department may use my or my child's picture for promotional purposes.

I hereby consent to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in the program.

I AM THE PARENT OR LEGAL GUARDIAN, OR THE ABOVE-NAMED PARTICIPANT, WHO IS REFERRED TO IN THIS AGREEMENT AS MY CHILD/WARD. MY APPROVAL OF THIS AGREEMENT MEANS THAT I CANNOT LATER BRING A CLAIM FOR DAMAGES AGAINST THE CITY OF POST FALLS AND ANY COOPERATORS IN THIS PROGRAM. **(A \$20.00 fee will be charged on all NSF checks.)**

Signature of Parent/Legal Guardian, or Participant (if over 18)

Date

**Return to: Post Falls Parks & Recreation, 408 Spokane Street, Post Falls, ID 83854
 Ph# (208) 773-0539 Fax# (208) 773-7658**

NOTE: IF PAYING BY CREDIT CARD, PLEASE CALL THE PARKS/RECREATION OFFICE AT 773-0539 TO GIVE US YOUR INFORMATION. The City of Post Falls' third party provider will be charging a 3.95% service fee on ALL credit card transactions.