

**City of American Falls Parks & Recreation
Youth Soccer Registration
Registration Deadline Sept. 2nd**

Participant's Name _____ Boy _____ Girl _____
(Please Print) (Last) (First)

Mailing Address: _____
(Street) (City) (Zip)

Phone: _____
(Home) (Cell) (Work)

Birth Date: _____ Age: _____ Grade: _____

Years of Soccer Played: _____

Parents' Names: _____

Would you like to coach/help? Yes _____ No _____
Remember program will be cancelled with insufficient numbers of volunteer coaches.

Shirt Size: (Circle one) Youth Small 6-8 Youth Medium 10-12
Youth Large 14-16 Adult Small

Cost: \$25.00 per player

Teams will be broken down based on grade, **K & 1ST grade. 2nd & 3rd grade
4th through 6th grade**

* Payment is required at time of registration*

**All registration forms will be returned to the American Falls City Hall
located at

550 North Oregon Trail Road.

RELEASE AND CONSENT FORM

In consideration of your accepting my child in the above program being sponsored by the city's Recreation Dept., I hereby release and discharge the City and each and all of their agents or employees from any liability whatsoever to the undersigned form or in any manner arising out of injury or damage that may be sustained due to participation in these programs. As the parent or legal guardian of the above named participant, I hereby give and grant unto any medical doctor or hospital care my consent and authorization to render such aid, treatment or care, in the judgment of said doctor or hospital as may be required on an emergency basis.

PARENT/LEGAL GUARDIAN

SIGNATURE: _____