

City of American Falls Parks and Recreation

4-6th Grade Youth Boys Basketball Skills Camp Registration

Registration Deadline Oct 6th, 5pm

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

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

Phone: _____
(Home) (Cell) (Email Address)

Birth Date: _____ Age: _____ Grade: _____

Parents' Names: _____

Dates: October 10th, 12th, 17th, 19th, 24th, 26th, 30th and November 1st.
They will be held at WTMS from 6:00pm to 7:30pm

Cost: **\$35.00 per player**

**Payment is required at time of registration. If you feel you need financial assistance or would like to sponsor a child in need of assistance please call 541-0111*

****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 you're 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: _____