

**City of American Falls Parks & Recreation  
4-6<sup>th</sup> girls Grade Youth Basketball Registration  
Registration Deadline Sept 11<sup>th</sup> 5pm**

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

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: \_\_\_\_\_  
(Home) (Cell) (Email Address)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

**Dates: September 12, 14, 19, 21, 26, 28, October 3 & 5<sup>th</sup> at the Middle School Gym  
from 6:00 to 7:30.**

**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 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 abovenamed 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: \_\_\_\_\_