City of American Falls Parks & Recreation
Youth Soccer Registration
Registration Deadline July 28th

Participant's Name:_____ Boy:_____ Girl:_____
(Please Print)

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

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

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: $30.00 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. If you feel you need financial assistance or would like to sponsor a child in need of assistance, please call 541-0111.*

Please return form to 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 form 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:_____