

**City of American Falls Parks & Recreation  
2-6<sup>th</sup> Grade Youth Basketball Registration  
Registration Deadline Dec 20<sup>th</sup> 2019, 5pm**

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

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

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

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

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**

*\*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 208-541-0111.*

**\*\*All registration forms must 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: \_\_\_\_\_

**\*\*If turned in after deadline your child will be put on a list in the order they are recieved in and will only be added if needed to fill a team.**