

**City of American Falls Parks & Recreation  
Youth Soccer Registration  
Registration Deadline August 4<sup>th</sup>**

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

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**

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

*\* \*Payment is required at time of registration.*

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 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: \_\_\_\_\_

**NOTE: IF YOU TURN YOUR CHILDS REGISTRATION IN AFTER THE DEADLINE YOUR CHILD WILL BE PUT ON A WAITING LIST IN THE ORDER THEY ARE RECEIVED AND ADDED TO TEAMS IF NECESSARRY. ALSO, THEY MAY NOT RECEIVE A SHIRT DUE TO THE TIME RESTRAINTS.**