

**if you would like to pay the registration fee for a child who cannot afford to participate, please check this box and we will contact you when the need arises. Thank you!

Bo. Co. Parks & Recreation 2024 Sports Registration Form

Registrant's Name: _____ Age: _____ Grade '23/'24 school yr: _____
(First & Last)

School: _____ Gender: _____ DOB: _____ / _____ / _____

Parent's Name(s): _____ Phone: _____

The number listed is the number we will use to contact you

Mailing Address (Street, City, Zip): _____

Email Address (REQUIRED): _____

Emergency Contact Name: _____ Phone: _____

If your child has medications or medical conditions that coaches, staff etc. need to be aware of or might affect his/her participation, please list/explain: _____ N/A

Please check the box for the sport(s) you are registering for (each registration \$30):

- Basketball. Girls 3rd/4th grade... Girls 5th/6th grade... Boys 3rd/4th grade... Boys 5th/6th grade
- Baseball (BOYS) Ages 7-8yr..... Ages 9-10yr
- Softball (GIRLS) Ages 7-8yr..... Ages 9-10yr
- T-Ball (Co-Ed) Ages 5-6yr
- Flag Football Ages 7-12yr
- Soccer (Co-Ed) Grade entering FALL 2024: _____
- Volleyball (GIRLS) 5th/6th grade
- Tennis Camp (Co-Ed) Ages 5-7yr..... Ages 8-10yr..... Ages 11-18yr
- Adult Tennis Camp Ages 18+ Adult Walking Club Ages 50+

Registrations received without sufficient payment will not be processed.

Total Amount Due (see schedule for additional \$5 late fee dates): Cash: \$ _____ Check #: _____

I want to coach (1 free registration per team coached)

I want to sponsor a team (we will contact you with additional info)

In an effort to keep teams balanced, please complete the following:

Height _____ Weight _____ Years of playing this sport _____ (BASEBALL/SOFTBALL) pitching experience _____

Your child's skill level _____ Few Skills _____ Moderate Skills _____ Advanced Skills _____

Please check yes or no for the following:

I am interested in volunteering for concessions Yes No

I am interested in helping coach when needed Yes No

I am interested in being a referee or umpire Yes No

I am interested in being a team parent, scheduling snacks, organizing end of season party, keeping score/time, etc. Yes No

Registrant T-Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL AXL

PARTICIPANT WAIVER AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Boundary County Parks & Recreation Department, its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with the above-named program(s), I hereby release, discharge and/or indemnify Boundary County, its affiliated organizations, and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of participation in this activity. I understand that the Parks & Recreation Dept. may use my or my child's picture for promotional purposes. **CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Participant Signature if over 18 or Signature of Parent/Guardian

Date

This box must be completed if you are interested in coaching/assistant coaching

To best serve our youth, we require all Boundary County Parks and Rec. volunteer coaches to complete this form authorizing a background check. Checks will be made against the current Boundary County listings of registered sex offenders on the ISP web site www.isp.state.id.us. We may also provide the information to our city police for review.

First: _____ Last: _____ Middle Initial: _____ DOB: _____ / _____ / _____

Current Address (Street, City, Zip): _____

If, within the last 3 years, you have lived outside of Boundary County, please list: City, County, State and years lived there: _____

Have you ever used a different last name? No Yes, please list: first, middle and last:

Have you ever been convicted or pled guilty to a felony or misdemeanor involving any form of abuse or molestation?
 No Yes

If you answered "YES", please explain in the space below: (this may not necessarily disqualify you, but inaccurate and incomplete information could disqualify you from a position.)

CERTIFICATION / AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information contained in the application are true, accurate, and complete to the best of my knowledge. I agree that false or misleading statements or material omissions constitute grounds for immediate dismissal.

Further, as a condition of volunteering, I give permission for Boundary County Parks and Recreation to conduct a background check on me, which may include review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information of my background. I hereby release and agree to hold harmless from liability Boundary County Parks and Recreation, employees and volunteers thereof, or any other person or organization that may provide such information.

Applicant Signature: _____ Date: _____