

## BO. CO. PARKS AND RECREATION SPORTS REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
First Last

Parent's Name(s): \_\_\_\_\_

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

Phone No. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

If your child is taking any medications or has any medical conditions that coaches, staff, etc. should be aware of or that could affect his/her participation, please list: \_\_\_\_\_

**\*\*Scholarship Opportunity:** If you would like to pay the registration fee for a child who cannot afford to participate in one of our programs, please check the box.  We will contact you at the number above when the need arises. Thank you!

<u>SPORTS</u>	<u>PRICE</u>	<u>DETAILS</u>	<u>TOTAL</u>
<input type="checkbox"/> BASKETBALL	\$25.00	3 <sup>RD</sup> /4 <sup>TH</sup> & 5 <sup>TH</sup> /6 <sup>TH</sup> GRADE GIRLS & BOYS	= _____
<input type="checkbox"/> SOFTBALL	\$25.00	AGES 7-8 & 9-10 GIRLS	CHECK # _____
<input type="checkbox"/> BASEBALL	\$25.00	AGES 7-8 & 9-10 BOYS	
<input type="checkbox"/> FLAG FOOTBALL	\$25.00	AGES 8-12 Co-Ed	CASH \$ _____
<input type="checkbox"/> T-BALL	\$25.00	AGES 5-6 Co-Ed	
<input type="checkbox"/> SOCCER	\$25.00	AGES 4-13 Co-Ed	
<input type="checkbox"/> VOLLEYBALL	\$25.00	5 <sup>th</sup> -6 <sup>th</sup> GRADE GIRLS	
<input type="checkbox"/> TENNIS CAMP	\$25.00	AGES 5-18 Co-Ed, AGE 18+ Co-Ed	

**\$5.00 LATE FEE FOR LATE REGISTRATION... REGISTRATION RECEIVED WITHOUT PAYMENT WILL NOT BE PLACED IN THE SPORT.**  
**TURN IN FORM ALONG WITH FEE TO DROPBOX OUTSIDE PARKS OFFICE @ 7171 5<sup>th</sup> St.,**  
**ACROSS FROM TENNIS COURTS OR MAIL TO P.O. BOX 3044 BONNERS FERRY, ID 83805**  
**\*\*\*PLEASE CALL 208-304-3603 FOR ADDITIONAL INFORMATION\*\*\***

**Please complete the following information. This data will be used to help balance teams.**  
**IN THE EFFORT TO MAKE TEAMS EVEN, PLAYER REQUESTS WILL NOT BE TAKEN.** Thank you.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Years of experience in this sport (organized team) \_\_\_\_\_ Pitching experience \_\_\_\_\_  
 In this sport, my child has: \_\_\_\_\_ Few skills \_\_\_\_\_ Moderate skills \_\_\_\_\_ Advance Skills (*please check one*)

**Please check one or more of these boxes that you will assist with to support your child's team.**

- \_\_\_\_\_ I am interested in working in the concession stand (all proceeds go back to the youth sports and facilities)
- \_\_\_\_\_ I am interested in coaching/asst. coaching (The county will perform background checks on all coaches and volunteers)
- \_\_\_\_\_ I am interested in being an official/ref/umpire
- \_\_\_\_\_ I am interested in sponsoring a team. (Please fill out a sponsor form)
- \_\_\_\_\_ I am interested in being a team parent (scheduling treats, organizing end of season party, helping with registration, scorekeeper, etc.,,,)

**PLEASE SIGN AUTHORIZING A BACKGROUND CHECK if coaching or volunteering :** \_\_\_\_\_

**Please circle which size your child will need:**

**T-Shirts Sizes:    YS = 6/8            YM = 10/12            YL = 14/16            ADULT S            ADULT M            ADULT L**

### WAIVER AGREEMENT

I, the parent/ guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Bonners Ferry 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.

Signature of Participant (if over 18) or Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_