

☐ **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 or you can pay at any time. Thank you!

Boundary County Parks & Recreation 2025 Sports Registration Form

Registrant's Name: _____ Age: _____ Grade '24/'25 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 you are registering for. Registration must be open at the time of submitting this form. No early registration (see website for open/end registration dates & late fee timeframes).

- ☐ 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 age at season start
- ☐ Softball (GIRLS) ☐ Ages 7-8yr..... ☐ Ages 9-10yr age at season start
- ☐ T-Ball (Co-Ed) Ages 5-6yr age at season start
- ☐ Flag Football Ages 7-12yr age at season start
- ☐ Soccer (Co-Ed) Grade entering **FALL 2025**: _____
- ☐ Volleyball (GIRLS) 5th/6th grade **FALL 2025**
- ☐ Tennis Camp (Co-Ed) ☐ Ages 5-7yr..... ☐ Ages 8-10yr..... ☐ Ages 11-18yr
- ☐ Adult Tennis Camp Ages 18+
- ☐ Pickleball Camp (Co-Ed) ☐ Ages 8-12yr..... ☐ Ages 13-18yr

Registrations received without sufficient payment will NOT be processed.

Total Amount Due (see website for late registration fee dates, adds \$5): Cash: \$ _____ Check #: _____

☐ **I want to coach (1 free registration per team coached); Coach t-shirt size:** ☐ AS ☐ AM ☐ AL ☐ AXL ☐ other: _____

In an effort to keep teams balanced, complete the following information about your child's skills (REQUIRED):

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

Your child's skill level _____ Never Played _____ Beginner (1-2 yrs) _____ Intermediate (3-4 yrs) _____ Advanced (4+ yrs)

My child plays this sport through another organization outside of Parks & Rec ☐ Yes ☐ No

Please check yes or no for the following (minimum of 1 REQUIRED):

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

Child T-Shirt Size:

☐ YS (6/8) ☐ YM (10/12) ☐ YL (14/16) ☐ YXL (similar to AS) ☐ AS ☐ AM ☐ AL ☐ AXL

Please see back of this page for waiver agreement, registration will not be processed if not signed.

Page 1 of 2

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: _____