



Marsh Valley Little League--Arimo/McCammon Area

Name _____ Grade _____ Age _____ Gender _____

Address _____ City _____

Parents/Guardians _____

Phones _____ Email _____

Medical conditions _____

Allergies _____

Emergency Contact _____

By signing this form, I hereby release Arimo Recreation, Marsh Valley Little League (MVLL) the City of Arimo, and its employees and staff from any and all liability arising from participation in the MVLL ("the Program"), including but not limited to claims stemming from negligence of the Program's staff or employees and any medical claims arising from participation in the Program. I further understand that my child's participation carries inherent physical risks and any injury is not the responsibility of the City of Arimo, the Program, and its employees and staff. I hereby waive, release, acquit and forever discharge the City of Arimo, the Program, its employees and staff from any claim, demand, right, expense or cause of action stemming from or relating to participation in the Program. I understand that the safety of my child is under my supervision and direction at all times while participating in the Program. I allow the coaches and the Program the right to decide what is fair and safe while my child is on the field. Any extra funds will go to the Arimo Parks. I acknowledge I have had a chance to read this, and have had any questions regarding the risks of participation or the Program's liability answered. I also understand that screaming and cursing is not allowed and can be cause for my child and/or me to be ejected from the premises and possibly the program without refund.

Signature of Parent or Guardian _____

Yes, I wish to be a volunteer coach.

Shirt Size Circle one: YXS YS YM YL YXL

Please list all siblings participating in Marsh Valley Little League

Name _____ Age/Grade ____ / ____ Name _____ Age/Grade ____ / ____

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Print and email to ArimoRecreation@gmail.com or turn into Arimo City Office at 115 Henderson Rd, or PO Box 61, Arimo, ID 83214 by **April 3 (\$20)-LATE SIGN UPS \$40 AND ONLY ACCEPTED UNTIL APRIL 10. Checks preferred made out to "City of Arimo" (for possible refund if weather cancels our season) or pay online at Arimo.id.gov (no refunds will be given to online payments)