

BO. CO. PARKS AND RECREATION SPORTS REGISTRATION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ Sex: _____
Last First

Mailing Address (Street, City, Zip) : _____

Grade: _____ School: HOME MH VV NP BCMS Parent's Name(s): _____

Phone No. (Home) _____ (Work) _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Phone: _____

****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!

SPORT OR PROGRAM <i>*Complete section below for youth sports</i>	DIVISION *Age at time of program.	PROGRAM SESSION DATES	TIME (if necessary)	FEE

REGISTRATION RECEIVED WITHOUT PAYMENT WILL NOT BE PLACED IN THE SPORT OR PROGRAM

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 YXL = 18/20 ADULT S ADULT M ADULT L

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: _____

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 _____

TURN IN FORM ALONG WITH FEE TO DROPBOX OUTSIDE PARKS OFFICE @ 7171 5th St., ACROSS FROM TENNIS COURTS OR MAIL TO P.O. BOX 3044 BONNERS FERRY, ID 83805
*****PLEASE CALL ANNE TOMPKINS @ 304-3603 FOR ADDITIONAL INFORMATION*****