Rathdrum Parks & Recreation

7851 W. Main St. Rathdrum, Idaho 83858
Phone - (208)-687-2399 Fax - (208)-687-6421

Basketball Registration Form

Participant's Name _____

Male ☐
Female ☐

Shirt Size
Youth ☐ Adult ☐
Sm ☐ Med ☐ Lg ☐ XL ☐
Youth Sizes Don't Have XL

Date of Birth _____ Current Grade _____

School (or nearest school, if not attending) _____

Address _____ City _____ State _____ Zip _____

AGE DIVISIONS

☐ 5th - 6th Grade $20.00 City Resident $25.00 Non-Resident Total $ _____

☐ 7th - 8th Grade $20.00 City Resident $25.00 Non-Resident Total $ _____

Parent/Guardian Information

Parent/Guardian Name(s) _____

E-Mail _____

Phone Number _____

Player Information

Height
Short ☐ Average ☐ Tall ☐

Weight
Small ☐ Medium ☐ Large ☐

Skill Level
Beginner ☐ Intermediate ☐ Advanced ☐

I Can Volunteer to: Coach ☐ Assistant Coach ☐ Team Parent ☐ Sponsor A Team ☐

Release Agreement

In exchange for me being allowed to participate, or my above-named child/ward being allowed to participate, in the above-named programs, which is a recreational or educational program and which is not an essential life activity, conducted by the city of Rathdrum, I hereby assume all risks associated with such participation on behalf of myself or my child/ward, knowing that such participation presents the risk of physical and/or emotional injury or harm which may result in temporary or permanent damage to the participant. I further release the city of Rathdrum, its agents, servants, employees and activity sponsors from any claims of liability for damages or other harm to person or property incurred by me, or my above-named child/ward, as the result of participation in the above-named program, except for gross negligence.

I UNDERSTAND THAT BY SIGNING THIS RELEASE THAT I AM RELINQUISHING ON BEHALF OF MYSELF OR MY ABOVE-NAMED CHILD/WARD ANY RIGHT THAT MIGHT ACCRUE IN THE FUTURE TO BRING A CAUSE OF ACTION FOR NEGLIGENCE AGAINST THE CITY OF RATHDRUM, ITS AGENTS, SERVANTS, EMPLOYEES AND ACTIVITY SPONSORS ARISING FROM PARTICIPATION IN THE NAMED ACTIVITY, EXCEPT AS OTHERWISE PROVIDED HEREIN.

I hereby consent to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in this program.

_____ **(Signature of Parent/Legal Guardian)**

_____ **(Date)**

Form Of Payment ☐ **Check** ☐ **Cash** ☐ **Visa** ☐ **MasterCard**

Total $

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on Card _____

Signature _____

Cardholder Zip Code _____

CVC ☐☐☐

Expiration Date M M Y Y