

# Team & Player Application

Official Use Only

**\* You are a City Resident if you or your landlord pays a water bill to the City of Rathdrum.**

## Division

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Kindergarten | City Resident Fee: \$20 Non-Resident Fee: \$25 | <input type="checkbox"/> 3rd - 4th Grade | City Resident Fee: \$20 Non-Resident Fee: \$25 |
| <input type="checkbox"/> 1st Grade    | City Resident Fee: \$20 Non-Resident Fee: \$25 | <input type="checkbox"/> 5th - 6th Grade | City Resident Fee: \$20 Non-Resident Fee: \$25 |
| <input type="checkbox"/> 2nd Grade    | City Resident Fee: \$20 Non-Resident Fee: \$25 | <input type="checkbox"/> 7th - 8th Grade | City Resident Fee: \$20 Non-Resident Fee: \$25 |

## Player Information

First Name:

Last Name:

Birth Date:         Age:

School  Grade:  Gender:  M  F

### CHECK EACH BOX OF YOUR PLAYING EXPERIENCE

<input type="checkbox"/> No Experience	<input type="checkbox"/> JR High/Middle School
<input type="checkbox"/> Recreational Youth Team	<input type="checkbox"/> Competitive Youth (i.e. AAU)

**Height**  
 Short  Average  Tall

**Weight**  
 Small  Medium  Large

**Skill**  
 Beginner  Intermediate  Advanced

**T-Shirt Size:**  
 YOUTH  YS  YM  YL  
 ADULT  S  M  L

## Parent Information

First Name:

Last Name:

Address:

Apt:

City:

State:   Zip:

Phone:

E-Mail:

Please legibly print e-mail address

**I would like to:**

<input type="checkbox"/> Sponsor	<input type="checkbox"/> Team Parent
<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach

## RELEASE AND VOLUNTARY WAIVER

In exchange for me being allowed to participate, or my above-name 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.

\_\_\_\_\_  
 Parent/Guardian Signature Date

## Additional Player Information (If Same Division)

First Name:

Last Name:

Birth Date:         Age:

School  Grade:  Gender:  M  F

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 YOUTH  YS  YM  YL  
 ADULT  S  M  L

## Payment Information

**Check**  **Cash**  **Card #**  **Visa**  **MasterCard**

Name on Card

Cardholder Signature

Cardholder Zip Code

Expiration Date

CVC