Participant's Name: $\qquad$ Birth Date: $\qquad$ Age: $\qquad$ Sex: $\qquad$ Grade: $\qquad$ School: $\qquad$

Parent's Name(s):
Mailing Address (Street, City, Zip) :
Phone No. (Home) (Work)___ E-mail Address:

Emergency Contact Name: $\qquad$ Emergency Phone:
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:
**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. $\square$ We will contact you at the number above when the need arises. Thank you!

| SPORTS | PRICE | DETAILS | TOTAL |
| :---: | :---: | :---: | :---: |
| $\square$ FUTURE BADGER BASKETBALL | \$25.00 | $3^{\mathrm{RD}}-6^{\mathrm{TH}}$ GRADE BOYS \& GIRLS |  |
| $\square$ FUTURE BADGER FASTPITCH | \$25.00 | AGES 6-8 GIRLS TUES \& THURS |  |
| $\square$ FUTURE BADGER BASEBALL | \$25.00 | AGES 6-8 BOYS TUES \& THURS |  |
| $\square$ ADULT SOFTBALL | \$25.00 | MON \& WED RIVERS FIELDS | CHECK |
| $\square$ FLAG FOOTBALL | \$25.00 | AGES 8-12 TUES \& THURS |  |
| $\square$ T-BALL | \$25.00 | AGES 4-6 TUES \& THURS |  |
| $\square$ SOCCER | \$25.00 | AGES 4-13 TUES \& THURS |  |
| $\square$ FUTURE BADGER VOLLEYBALL | \$25.00 | $5^{\mathrm{TH}}-6{ }^{\text {TH }}$ GRADE GIRLS TUE\& THUR |  |
| $\square$ TENNIS CAMP | \$25.00 | AGES 5 AND IJP |  |

$\$ 5.00$ LATE FEE IF PASS DEADLINE. REGISTRATION RECEIVED WITHOUT PAYMENT WILL NOT BE PLACED IN THE SPORT. TURN IN FORM ALONG WITH FEE TO DROPBOX OUTSIDE PARKS OFFICE @ $71715^{\text {th }}$ 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***

| 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 TAKKN. Thank you. |

## 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), । 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.

