



## SPIRIT LAKE PARKS & RECREATION REGISTRATION FORM

6042 W. Main Street PO BOX 309 Spirit Lake, ID 83869  
Office (208) 623-4868 Fax (208) 623-6463 www.spiritlakeid.gov/parkandrec/

**Participant:** First Name Last Name

Home Phone:	Date of Birth:	Age:	School:	Grade:	Shirt sizes: Youth: XS, S, M, Lg, XL Adult: XS, S, M, Lg., XL, XXL, 3XL
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### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Address:	City/Zip Code:
Phone:	Cell:
	Email:

**Signing your child up for youth sports is a team effort. Please know that you may be asked to coach or be an assistant coach if the team does not have a parent step-up!**

***NEW POLICY:*** The only guarantee for your child to be with a friend is if the parents want to Coach, Asst. Coach, or Sponsor the team. Those kids and siblings in the same division are guaranteed to be on the same team. The Athol kids will still be on the same team together, but requests for who is on your child's team will only be accommodated thru this new policy.

**\*PLEASE CIRCLE YOUR ROLE FOR YOUR CHILD'S TEAM...**

***I WOULD LIKE TO:*** COACH ASST. COACH SPONSOR

<b><u>PROGRAM NAME:</u></b>	<b><u>DIVISION</u></b>	<b><u>FEES</u></b> (Make checks payable to City of Spirit Lake) <b>*All recreation programs must now pay .06% tax, please incl. w/the program fee.</b>  <b>AMOUNT DUE \$ _____</b>
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I hereby agree to participate (or allow my child to participate) in the ABOVE NAMED PROGRAM WHICH IS a recreational and educational activity to be conducted by the City of Spirit Lake and do hereby acknowledge that such participation presents risks, some of which are unknown; I agree to assume all risks associated with such participation. I do, on behalf of my child/ward and any person who may have an interest in his/her well-being or property, hereby release and forever discharge the City of Spirit Lake, Idaho, its agents, servants, employees and cooperators from any and all real possible claims for damages or other harm to person or property, regardless of the manner by which any such claim may be brought. I accept the terms of this complete and total release and agree to be bound by it of my own free will. 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 the program. I am the parent or legal guardian or the above-named participant, who is referred to in this agreement as child/ward. My approval of this agreement means that I cannot later bring a claim for damages against the City of Spirit Lake and/or any cooperators in this program.

**Signature of Parent/Guardian:**

Parent/Guardian  
**PRINT NAME:**

**Date:**

The City of Spirit Lake Parks & Recreation Department expects full payment at the time of registration or reservation. Payments are accepted by cash, checks, or debit/credit cards. Checks should be made payable to the CITY OF SPIRIT LAKE. Registrations are taken on a first come first serve basis until full; all others will be placed on a waiting list.

**\*\*By signing this form, you have given Spirit Lake Park and Recreation the right to publish pictures of yourself and/or your child to promote activities. If you do not approve, please indicate in the space below.**