Weiser Recreation Department
45 West Idaho St
Weiser ID 83672
208-414-0301
208-414-1816 Fax

REGISTRATION FORM

____CITY ____COUNTY RESIDENT
Additional $5.00 fee for County Residents per sport
____OUT OF COUNTY RESIDENT
Additional $20.00 fee for Out of County Resident per sport

Participant: _____ Gender: Male or Female

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Birth Date: _____ Age: _____ Grade: _____

Mother/Guardian: _____ Father/Guardian: _____

Receive notifications through Email? Y or N Email Address: _____

JERSEY / T SHIRT SIZE (Please check desired size)

YOUTH: Small _____ Medium _____ Large _____

ADULT: Small _____ Medium _____ Large _____ X-Large _____

A CODE OF CONDUCT FORM MUST BE COMPLETED AND SIGNED TO PARTICIPATE - PLEASE SEE BACK PAGE. REGISTRATION IS NOT COMPLETE UNLESS FEE IS PAID IN FULL.

*****A late processing fee of $10.00 will be added if paid after registration deadline*****

VOLUNTEERS NEEDED!

We are always looking for volunteers to assist our sports activities. No experience is necessary. If you have a desire to help kids, please let us know which activities you are interested in.

_____ Coach _____ Assist Coach _____ Volunteer Ref

_____ Team Parent _____ Field Preparation _____ Other (specify)

******Parents: WRD often takes pictures of our sports activities. We would like to use some of these pictures on the City of Weiser Rec. Dept. Website or in the Newspaper. May we have your permission to use pictures of your child on the website or newspaper? Please circle one: YES or NO***

CONSENT FOR TREATMENT AND LIABILITY WAIVER

As the parent/guardian of the above participant, I hereby give my consent for any emergency medical treatment from medical personnel as approved by the City of Weiser Recreation Staff in case of injury or illness while participating in the City sponsored sports and activities. I hereby agree to accept responsibility for any medical expense resulting from such emergency in consideration for accepting this registration. I waive and release any right and claims for damages I may have against the City of Weiser, their representatives or assignee for any and all injuries by me/my child while participating in this activity. I also agree that I am responsible for all costs of any property damage that may be caused by me or the participant for which I am signing.

SIGNATURE:_____ DATE:_____

**************************************OFFICE USE ONLY**

	SPRING SOCCER	BASEBALL/ SOFTBALL	TRACK	TENNIS	GOLF	NAZARENE SOCCER	FOOTBALL	FALL SOCCER	CLINIC BASKETBALL	L-1/L-2 BASKETBALL
LEAGUE										
SIZE										
AMT PD										
CASH / CHECK #										
RCVD BY										
DATE										