

# HAYDEN RECREATION & COMMUNITY EVENTS DEPARTMENT REGISTRATION FORM

If mailing, please send form along w/payment to:

Hayden Recreation & Community Events Dept., 8930 N. Government Way, Hayden, ID 83835, Ph: 208-209-1080

***YOUTH SPORTS-PLEASE NOTE: IN THE EFFORT TO MAKE TEAMS EVEN, PLAYER REQUESTS WILL NOT BE TAKEN. THANK YOU!***

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Last First (as of program start date)

Physical Address (Street, City, Zip): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**How did you find out about this program?** \_\_\_\_\_

\*Please check the box if you are in need of financial aid.  If checked, please fill out a financial assistance application.

**\*\*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.  When the need arises, you will be contacted at the number above. Thank you!*

SPORT OR PROGRAM <i>*Complete section below for youth sports &amp; dance</i>	DIVISION	SEASON/ SESSION DATES	TIME (if necessary)	FEE

## ***\*YOUTH SPORTS LEAGUES & DANCE CLASSES***

**Please complete the following information. This data will be used to help balance teams.**

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HEIGHT: \_\_\_\_\_ Short \_\_\_\_\_ Average \_\_\_\_\_ Tall      WEIGHT: \_\_\_\_\_ Light \_\_\_\_\_ Average \_\_\_\_\_ Heavy

Playing this sport on a **team**, my child has: \_\_\_\_\_ Few Skills \_\_\_\_\_ Moderate Skills \_\_\_\_\_ Advance Skills (**please check one**)

Please list siblings who will be on the same team \_\_\_\_\_

**Please check one or more of the boxes below to indicate how you will support your child's team.**

\_\_\_\_\_ I am interested in coaching/asst. coaching (please fill out coach's application)

**Coach's Name** \_\_\_\_\_ **Asst. Coach's Name** \_\_\_\_\_

\_\_\_\_\_ I am interested in sponsoring a team - **Sponsor Name** \_\_\_\_\_

\_\_\_\_\_ I am interested in being a team parent (scheduling treats, organizing awards, carpooling, etc.)

Please circle which size shirt your child will need. (*In choosing a size you may want to consider ordering one size larger.*) T-Shirts Sizes:    YXS (2-4)    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL

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:

### **WAIVER AGREEMENT**

I, the parent/ guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Hayden Recreation & Community Events Department, its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with the above-named program(s), I hereby release, discharge and/or indemnify the City of Hayden, 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 and assume the risks associated with participation in this activity. I understand that the City of Hayden 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.

I have also read, understand and agree to the Parent Code of Conduct guidelines on the back of this form.

\_\_\_\_\_  
Signature of Participant (if over 18) or Parent/Legal Guardian

\_\_\_\_\_  
Date