

SODA SPRINGS RECREATION DEPARTMENT  
**1<sup>st</sup> & 2<sup>nd</sup> Grade Basketball Registration Form**

Please return to City Hall by Friday, December 22<sup>th</sup>, 2017

Resident \$20 Non-Resident \$25

***The camp will go for 45 min, one day a week, for 4 weeks.  
It will include both skill building and game style play.  
Shirts will be provided. Coaches/Helpers will be needed!***

Circle all applicable:

**PARTICIPANT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **Contact by:** Call / Text / email

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **Shirt Size:** Youth XS S M L

Circle all applicable:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ **Contact by:** Call / Text / email

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ **Contact by:** Call / Text / email

Email (Required): \_\_\_\_\_

Health Insurance: Yes or No Any Medical Conditions? \_\_\_\_\_

**In order to have success, the league is in need of coaches and sponsors.  
Your help is what makes the difference to our kids. I am willing to help with the following program:**

**Basketball: Coach/Helper \_\_\_\_\_ Sponsor (\$100) \_\_\_\_\_ Gym Supervision \_\_\_\_\_**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Soda Springs Recreation Department, its affiliated organizations and sponsors. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the city of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

**CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian of the above - mentioned minor, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

I \_\_\_\_\_ understand that sportsmanship is an important part of the game and I will be a good sport as to teach my child sportsmanship through my own example. I will remember that this is for the children and the main purpose of recreational activities is that it is fun for everyone. I will be positive and use only encouraging words for my child and their teammates. I understand that if I want my child on a certain team that it is up to me to coach. Parents have no ability to change their Childs team. Coaches and the recreation director are the only individuals with this authority. I understand that these are recreational sports and that the referees and scorekeepers, are not professional, and mistakes will be made. I will show respect to the referees and scorekeepers and refrain from criticizing them and will contain my anger no matter how unfair a decision may seem. I will show respect to the coaches and other volunteers and recognize their importance in the program. I will excuse myself from the playing area and the players if I feel it necessary to smoke or drink.

I understand that if my behavior is deemed inappropriate I will be asked to leave the playing area. If I do not comply with the request I understand that disciplinary action could be taken. I also understand that if deemed necessary law enforcement will be called.

**PARENT/GUARDIAN Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**AMOUNT PAID:** \_\_\_\_\_ **CASH / CHECK / CC**