

2017 HIGH SCHOOL BASKETBALL

REGISTER BY: DECEMBER 12, 2016

PLAY BEGINS: WEEK OF JAN. 2, 2017

**COST: \$45.00 PER PLAYER
(INCLUDES REVERSIBLE JERSEY)**



Due to limited Gym space our leagues will give registration preference to city and Bonneville county teams first. Others will be allowed as space is available. Teams from other counties must call and be put on a wait list to be to be added in the order that they were received as space is available.

WITHOUT EXCEPTION, rosters MUST be accompanied by ALL money and waivers. Coaches need to collect fees and bring in at one time.

- League is for grades 9th – 12th.
- **DO NOT** instruct your players to come in and pay separately.
- Participants may play on only one team!
- Games played Monday – Thursday, some Saturdays if needed.
- Games are once a week for an 8 game schedule

CALL 612-8580 IF YOU HAVE ANY QUESTIONS.

Schedules will be posted at www.ifrec.org when completed.

City Rate Discount

Citizens of Idaho Falls, through payment of their property taxes, contribute directly to the operation of the Idaho Falls Parks and Recreation Division facilities, programs, and services. A City Rate Status allows city residents to receive reduced rates services. Residents not registered as a city resident, as well as out-of-city residents, will be assessed the full fee for all programs and services.

How to Receive the City Rate Discount Status

A City Rate Discount Status can be obtained at the Recreation Center, or Wes Deist Aquatic Centers. Bring proof of residency (Utility bill from city of Idaho Falls and your information will be entered into our system so that you receive a resident discount

YOUTH TEAM ROSTER

TEAM NAME OR SCHOOL: _____

COACH: _____ PHONE: (H) _____ (txt) _____

ADDRESS: _____ ZIP: _____

E-mail _____

Gender of team _____

Grade _____

	GRADE	NAME	ADDRESS	PHONE
1		_____	_____	_____
2		_____	_____	_____
3		_____	_____	_____
4		_____	_____	_____
5		_____	_____	_____
6		_____	_____	_____
7		_____	_____	_____
8		_____	_____	_____
9		_____	_____	_____
10		_____	_____	_____
11		_____	_____	_____
12		_____	_____	_____
13		_____	_____	_____

YOUTH BASKETBALL JERSEY ORDER FORM

COACH: _____

TEAM: _____

GRADE: _____

MESH REVERSIBLE TANK TOP

Youth Small _____

Youth Medium _____

Youth Large _____

Youth X-Large _____

Adult Small _____

Adult Med _____

Adult Large _____

Adult x-Large _____

Youth Sports Coach
Background Check Authorization Form
Complete if you haven't filled one out in the last year.

DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or any time while you are employed, renting or volunteering for the City of Idaho Falls, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and or other information as deemed necessary to fulfill the job/volunteer requirements. The results of this verification process will be used to determine whether you will be allowed to volunteer with youth participants in any Parks and Recreation program. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omission will be considered as cause for dismissal/removal.

.....
First Name: _____ Full Middle Name: _____ Last Name: _____

Alias/Married/Maiden Names: _____ Drivers License #: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

.....
Please list all addresses lived in during the past 7 years. (Use backside for additional space)

Current Address From/To	City	State	Zip
Former Address From/To	City	State	Zip
Former Address From/To	City	State	Zip

.....
Do you have any Misdemeanor Charges: YES NO
If Yes, please explain: _____

Do you have any Felony Charges: YES NO
If Yes, please explain: _____

Printed Name of Coach: _____

Signature of Coach: _____

Today's Date: ____ / ____ / ____

Phone Number: () _____

**THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME FOR
BACKGROUND CHECKS TO BE PROCESSED!**

**City of Idaho Falls Parks & Recreation
Release Form**

Student Name: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Student' allergies or significant medical conditions: _____

As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

Parent/Guardian Signature

Date

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.

This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

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