

High School Basketball Winter

Due to the paramotors NO special requests for game scheduling

Register By: December 9, 2020

Season Begins: January 11, 2021

Fees: Non Resident \$78.50
Non Resident w/o jersey \$73.50
City Resident \$62.00
City Resident w/o jersey \$57.00



Leagues:

9th - 12th Grade (girls) (29 ½" BB)
9th - 12th Grade (boys) (29 ½" BB)

- **Play 1 game a week for 8 weeks, 8 **game schedule**.**
- **Games will be played on Monday – Thursday (some Saturdays) evenings 6:30pm to 10pm.**
- **Games will be played at the Rec Center & Compass**

********* 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 added in the order that they were received as space is available. Out of County teams will be notified two days after registration has ended if allowed in.

Coaches/Parent Meeting Will be held **TBA.**

Registration Information:

- **Mandatory coach background check form included in packet. (Good for 2 years)**
- **This packet includes waivers which must be signed by each participant's parent or legal guardian. Waivers are good for one year.**
- **Rosters **MUST** be accompanied by all fees and waivers when turned in. **DO NOT** instruct your players to come in to pay separately.**
- **If you need additional players call the Recreation Center at 208-612-8580.**

Games schedules will be posted at www.ifrec.org when completed.

City of Idaho Falls High School Regulations

League Rules

This league will be governed by the NFHS High School Basketball Rules except for adaptations noted below.

No individuals that currently play for a High School Basketball team may play in this league, as per Idaho High School Activities Association rule. Players caught doing this will be subject to state consequences.

Please be considerate of all gyms: **No dunking** at school gyms, **Do Not** hang on rims.

No pressing if a team is 20 points ahead. Clock will run in second half if a team is 20 points ahead.

Player Check In

All players must print their first and last name clearly on the game roster prior to tip off.

Behavior

A technical foul result in the player sitting for 5 minutes on the bench and counts as a personal foul. If an individual receives a second technical foul in a game they are disqualified for the remainder of the game, referee judgement if they need to leave the facility or not. If a player receives a third technical during the season, they are suspended from participating in the league. At any point in time the City has the right to suspend or disqualify any player, coach or team for any inappropriate behavior.

Any fighting may result in suspension immediately and in ensuing games or suspension from the league. Individuals will be required to meet with Rec Supervisor prior to returning to coaching, playing, or observing.

Game Rule

League will follow high school rules with the following exceptions:

Timing

18 minute running halves. Clock will stop on free throws.

Clock stops on last minute of each half.

Clock will run continuously in second half if team is 20 points ahead or more.

2-20 second timeouts per half

Scheduling Changes

Games will not be rescheduled if a team cancels 48 hours or less prior to a scheduled game, or by Thursday at noon for Mondays games. If you have to forfeit call the rec center and they will find a team to play in your teams place.

If a team wants to change a game, it is the teams responsibility to call a make a switch with another team. Then call the rec center and inform them of the switch. If you are unable to make a switch and need to forfeit then call the rec center first. The rec center will try to find a team to play in your place so the other team still gets to play. 208-612-8580.

Forfeits and Referees

The point of the rec league is to have fun playing a sport that you enjoy as well as engaged in friendly competition. We want you to play games. If you do not have enough players it will be a forfeit and the opposing team automatically gets the win.

However, you are still able to play an organized game and the referees will referee the game as long as everyone playing is on the official roster at the front desk. The only exception is if it is the last game of the night, then the referees are welcome to leave without compensation for that game.

Forfeit time is 10 minutes after the schedule start time unless staff is responsible for a delayed game (a game went into overtime, injury, staff or referee error). For all games, the clock will start at the schedule start time and teams will play whatever time is left on the clock from the tip off.

League Contact

Individuals are welcome to contact Roberto Abreo, Recreation Supervisor, with questions, concerns or comments at 208-612-8481 or RAbreo@idahofallsidaho.gov. Check schedules carefully for gym locations and times.

Basketball Team Roster

Team Name/School:	
Grade/Division:	
Coach Name:	Phone # texting:
Address:	
E-mail: (print clearly)	

	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The city of Idaho Falls Parks & Recreation Dept. is asking each coach and parent to adhere to the following:

Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of any personal desires to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe play situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players and the officials.
- I will remember that I am a youth coach, and that the game is for children and not adults.

I understand that breaching any part of the Code of Conduct can result in being removed from the playing area by the umpire/referee or any other employee/designated authority, forfeiting my opportunity to coach or watch the remainder of the game.

Coaches Name(Printed): _____

Coaches Signature: _____ **Date** _____

Youth Sports Coach Background Check Authorization Form

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 City State Zip From/To

Former Address City State Zip From/To

Former Address City State Zip From/To

.....

Do you have any Misdemeanor Charges: YES NO

If Yes, please explain: _____
_____ Do

Do you have any Felony Charges: YES NO

If Yes, please explain: _____

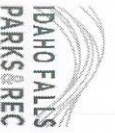
Printed Name of Coach: _____

Signature of Coach: _____

Today's Date: _____ / _____ / _____

Phone Number: (_____) _____

<p>THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME FOR BACKGROUND CHECKS TO BE PROCESSED!</p> <p>Background checks must clear before anyone is allowed to coach</p>



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____



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.

Parent/Guardian Signature _____ Date _____

