

REGISTRATION - FOR SANDPOINT CITY RECREATION PROGRAMS

The following can be used for any Sandpoint Parks & Recreation Department sport or activity. Mail or bring to the Department at City Hall, 1123 Lake Street, Sandpoint, ID 83864. Make checks payable to: CITY OF SANDPOINT. No Confirmation will be sent unless class is canceled or changed. Pre-registration is required.

DATE _____ 20_____

ACTIVITY _____ PLACE _____ BEG. DATE _____ TIME: _____
TOTAL FEE ENCLOSED \$ _____ CHECK OR MONEY ORDER# _____
PARTICIPANT _____ AGE _____ GRADE _____ GENDER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ BUSINESS PHONE _____ E-MAIL _____
To receive Parks & Recreation activity updates by e-mail, go to www.cityofsandpoint.com/Parks_Rec and enter your e-mail.

NOTE: Registration fees are refundable prior to the beginning of the program less \$10.00 service charge.
MEDICAL CONSENT: In the event of injury or other medical emergency, I/We do hereby authorize the City of Sandpoint to arrange for such medical services as may be deemed reasonable and necessary to the welfare of such person(s), and I/We do hereby release the City of Sandpoint from all liability in taking such action. I/WE acknowledge that the City of Sandpoint DOES NOT provide medical insurance for program participants and that any expense incurred is wholly the responsibility of the undersigned. I/WE, the undersigned, have read this RELEASE AND CONSENT TO MEDICAL TREATMENT, and execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I/We, DO HEREBY agree to release and hold harmless the City of Sandpoint from all liability for damages, except for personal injury or property damages caused by the gross negligence of the City of Sandpoint. I authorize the City to utilize any photographs which include myself and/or my child, taken during the activity, for city purposes. **City of Sandpoint when used above includes the following: city employees, volunteers, elected and appointed officials, agents or managers.**
PARTICIPANT(S) SIGNATURE: _____ GUARDIAN required if under age of 18 - below
Guardian Signature: _____ Date: _____

YOUTH SPORTS REGISTRATION: Circle one: Washington - Stidwell/Farmin - N. Side-S. Side - Sagle - Hope
You may request to be on the same team as one other person; BOTH MUST LIST EACH OTHER HERE:
Sandpoint Youth Sports nylon-mesh reversible jersey is required and may be purchased at the Parks and Rec. Department for \$10.
Any parent or guardian interested in volunteering time to assist would be welcome.....
HELP COACH: _____ OTHER HELP _____

For more info call 263-3613
MAIL OR DELIVER TO: Sandpoint Parks & Rec. - 1123 Lake St. Sandpoint, Idaho 83864