



City of McCall

PARKS AND RECREATION

www.mccall.id.us

216 East Park Street
McCall, Idaho 83638

Phone 208-634-3006

Main 208-634-7142

Fax 208-634-3038

General Program Registration Form

PARTICIPANT INFORMATION:												
Participant Last Name _____												
Physical Address _____												
										City,	State,	Zip
Mailing Address _____												
										City,	State,	Zip
Email _____												
										Phone (_____) _____ - _____		

Participants FIRST Name	AGE	GRADE	D.O.B.	SEX M/F	PROGRAM NAME <i>Please indicate session and Level of Experience</i>	DATE/S	SHIRT SIZE YS YM YL YXLOR AS AM AL AXL	COACH? Yes/ No	Program Fee	State Tax	LOT Tax	Total

Shirts included with following programs: (Soccer, Wee Soccer, T-ball, Baseball, Softball, Basketball, Wrestling, and Volleyball)

ADDITIONAL COMMENTS: (MEDICAL/FOOD ALLERGIES, SPECIAL NEEDS, ETC.)												

Please Sign Disclaimer on the other side

General Program Registration Form

WAIVER AND PHOTO RELEASE

I, the parent of the above named participant/or participants do assume all risks and hazards incidental, including death or permanent disability, to the conduct of the activity. I do further hereby release, absolve, indemnify, and hold harmless the City of McCall, it's officers, employees, representatives, agents, assigns, and volunteers, from all injuries, damages, or losses of whatever kind, nature, or amount suffered by me or by such minor participant at any activity sponsored, in whole or in part, by the City of McCall to which this participant's registration form relates. I understand that the City of McCall provides no accident or medical insurance and that this is personal responsibility. I hereby give consent for emergency medical treatment. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. I grant to the City of McCall Parks and Recreation Dept., the right to take photographs of me and my family in connection with the above-identified event. I authorize the City of McCall Parks and Recreation Dept., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the City of McCall Parks and Recreation Dept. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/ Guardian: _____
Signature Date

Please Print Name Here: _____

ADDITIONAL PROGRAMS

Participants FIRST Name	AGE	GRADE	D.O.B.	SEX M/F	PROGRAM NAME <i>Please indicate session and Level of Experience</i>	DATE/S	SHIRT SIZE YS YM YL YXLOR AS AM AL AXL	COACH? Yes/ No	Program Fee	State Tax	LOT Tax	Total

Make all checks payable to: City of McCall Parks and Recreation and Mail or drop off at City Hall.
 216 E. Park St. McCall, ID. 83638
 Call 634-3006 for more information or visit MCCALLREC.com