

**City of American Falls Parks & Recreation**  
**6U and 8U T-Ball & Pitching Machine Registration**  
**Registration Deadline MAY 20, 2022**

Participant's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
(Please Print) (First) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone #: \_\_\_\_\_

**WE WILL BE DOING 6U FOR TBALL AND 8U FOR PITCHING MACHINE.**  
**PUT YOUR CHILDS CURRENT AGE IN SPACE PROVIDED BELOW. ANY**  
**QUESTIONS CALL 208-251-1192.**

**6U 4-, 5-, and 6-year-olds 8U 7- and 8-year-olds.**

**CHILDS AGE: \_\_\_\_\_**

Parents' Name: \_\_\_\_\_

**Coaches' children will play for FREE!!!**

Would you like to coach/help? YES \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ No \_\_\_\_\_  
**Remember program will be cancelled with insufficient numbers of volunteer coaches.**

Shirt Size: (Circle one) Youth Small 6-8 Youth Medium 10-12

Youth Large 14-16 Adult Small

**Cost: \$30.00 per player**

*\*Payment is required at time of registration.*

**Registration forms will be returned to the American Falls City Hall or Payment Box**  
**located at**  
**550 North Oregon Trail Road.**

**RELEASE AND CONSENT FORM**

In consideration of your accepting my child in the above program being sponsored by the city's Recreation Dept., I hereby release and discharge the City and each and all of their agents or employees from any liability whatsoever to the undersigned form or in any manner arising out of injury or damage that may be sustained due to participation in these programs. As the parent or legal guardian of the abovenamed participant, I hereby give and grant unto any medical doctor or hospital care my consent and authorization to render such aid, treatment or care, in the judgment of said doctor or hospital as may be required on an emergency basis.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

Games to be played on June 14, 16, 21, 23, 28, 30 July 5, 7, 12 & 14.