

Travel / All Star Basketball

Team Name: _____ Grade: _____

Coach Name: _____ Coach Phone# _____

Coach Email: _____

By signing this roster, I, the participant agree that I will abide by the rules of the Soda Springs Recreation Department and its affiliated organizations and sponsors. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the City of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Parent/Guardian address: _____ City: _____

City Limit Resident

Non-Resident

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Parent/Guardian address: _____ City: _____

City Limit Resident

Non-Resident

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Parent/Guardian address: _____ City: _____

City Limit Resident

Non-Resident

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Parent/Guardian address: _____ City: _____

City Limit Resident

Non-Resident

FOR OFFICE USE ONLY

AMOUNT PAID: _____

CASH / CHECK / CC

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Parent/Guardian address: _____ City: _____

City Limit Resident

Non-Resident

Participant Name: _____ Grade: _____

Parent/Guardian Signature: _____

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Non-Resident

Participant Name: _____ Grade: _____

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City Limit Resident

Non-Resident