

# FIELD of ANGELS, 2023 SEASON



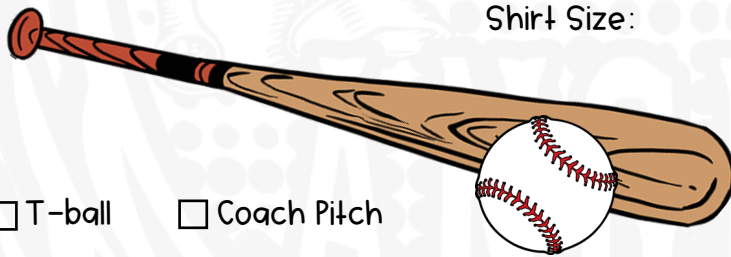
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Diagnosis/Special Needs: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Can this # receive texts? Y N

Email Address: \_\_\_\_\_



Shirt Size: Youth XS Youth S Youth M Youth L  
Adult S Adult M Adult L Adult XL

T-ball  Coach Pitch

## Waiver of Liability - Permission to Participate

I understand that allowing my child, \_\_\_\_\_, to participate in the Field of Angels as part of East Idaho Adaptive Sports and Recreation Activities, there are always potential risks of injury. I release the East Idaho Adaptive Sports and Recreation Foundation, the Children with Disabilities Foundation, the City of Idaho Falls, and the YMCA of any liability. I will not hold the coaches, players, volunteers, or other responsible.

Signature: \_\_\_\_\_ (parent/guardian)



Return this signed Registration Form, Medical Permission, and donation fee of \$10.00 (Make checks to Children with Disabilities Foundation, please!) to:



Becky Wegener  
4910 River Bend Lane  
Idaho Falls, ID 83401

**Registration Deadline is THURSDAY, MAY 18th - No late registrations will be accepted!**

**\*\* Registration Form/QR Code Registration \* Medical Permission \* Playing Fee \*\***