

FIELD of ANGELS, 2025 SEASON



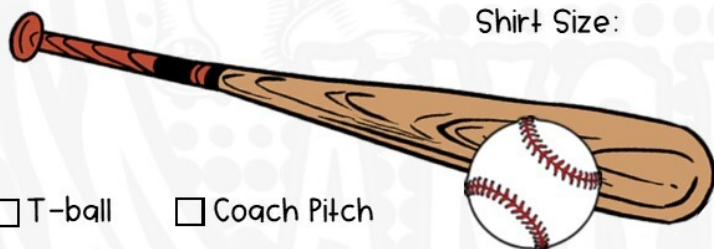
Name: _____

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 15th - No late registrations will be accepted!

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