



Idaho Youth Games –June 15-17th

Official Entry Form For 2006

1 Participant Information

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State ____ Zip-Code _____

Phone # _____ Date of Birth ____/____/____ Age (as of 6/15/06) _____

Male Female

2 Contact Person in case of Emergency

Name _____ Relationship _____ Phone _____

ANY PARTICIPANT 8 AND UNDER MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES!

3 T-Shirt Size:

____ Youth Medium ____ Youth Large ____ Small ____ Medium ____ Large ____ X-Large

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Caldwell Dare/PAL Waiver of Liability, Assumption of Risk & Indemnity & Parental Consent Agreement (“Agreement”)

In consideration of being permitted to participate in any way in the Caldwell DARE/PAL & Boondocks activities (“activity”) I, for myself, my personal representatives, assigns, heirs and next of kin:

1. I acknowledge, agree, and represent and I understand the nature of Caldwell DARE/PAL activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) Caldwell DARE/PAL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these RISKS and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCPET AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Caldwell DARE/PAL, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leases of premises on which the Activity takes place, or (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMES, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT’S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENDED TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant _____ Phone _____

Address _____

(Street) (City) (State) (Zip)

MINOR RELEASE

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF Caldwell DARE/PAL ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEAREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, ANS AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL IDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSE, ATTORNEY FEES, LOSS OF LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of participant _____ Phone _____

Address _____

(Street) (City) (State) (Zip)

Parent/Guardian Signature (only if participant is under the age of 18): _____

Date: _____

Idaho Youth Games Entry Form Continued

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MEDICAL RELEASE

Insurance Information MUST be included with registration. If you do not have insurance, please check here for a scholarship. _____

The following information is needed by any hospital or practitioner not having access to your medical history:

Allergies: _____ Medications being taken: _____

Date of last tetanus shot: _____ Physical Impairments: _____

Other pertinent facts: _____

Medical insurance company: _____

Policy No.: _____ Subscriber's Name: _____

Parent/Guardian Signature _____

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Entry Fee

Participant cost is \$10, that includes any and all sports, all meals, and a t-shirt. If you need additional meal tickets they are \$10 for all meals during the Games or \$5 for one meal.

Participant \$ 10

+ Additional meal tickets at \$10 each _____

Please sign me up for scholarship entry.

+ Additional meal tickets at \$5 each _____

(reserved for children who cannot afford the \$10 entry fee.)

+ YMCA Adult Entry Fee (to participate) is \$12.50 _____ (parents may attend as observers at no cost)

= Grand Total of \$ _____

Payment must accompany registration. Please make checks payable to the Idaho Youth Games.

ANY PARTICIPANT 8 AND UNDER MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES!

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Publicity Waiver

I hereby grant Caldwell DARE/PAL, the Idaho Youth Games its affiliates, their agents, employees, officers, directors and successors full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

DEADLINE FOR REGISTRATION IS JUNE 9th 2006!

ANY PARTICIPANT 8 AND UNDER MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES!

Idaho Youth Games, P.O. Box 1113, Caldwell, Idaho 83606. Phone: 322-5172 Fax: 321-4819.

Website: www.idahoyouthgames.org

E-mail: jcarrell@cableone.net

Please see the 3rd page for sport choices!

Idaho Youth Games Entry Form Continued

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Events

Please check all appropriate events, please check to make sure you do not sign up for two events that take place at the same time. You can find the event code in the IYG program under each events description, or on the web at www.idahoyouthgames.org ANY PARTICIPANT 8 AND UNDER MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES! No Exceptions!

<i>Sport</i>	<i>Day(s)</i>	<i>Time(s)</i>	<i>Event Code</i>
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<i>5-on-5 Soccer</i>	Friday & Saturday	8 AM- 5 PM & 8 AM- 3 PM	_____
Team Name: _____			
Team Captain: _____			
Coach's Name: _____ Coach's Phone: _____			
ELIGIBILITY STATEMENT: (to be filled out by the team captain) I hereby certify that I know and understand the ruled and policies of conduct for my sport in the Idaho Youth Games. I certify that myself and all of my teammates are within the limits of the age division in which we are entering.			
_____ Captain's Signature			_____ Date

<i>3 on 3 Volleyball</i>	Friday & Saturday	8-5 PM & 9 AM-Noon	_____
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<i>Arts</i> (Space is limited)	Friday	1 PM- 4 PM	_____
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<i>Basketball Camp</i>	Saturday	Noon-3PM	_____
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<i>Bowling</i>	Friday	1 PM- 5 PM	_____
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<i>Dance</i>	Friday & Saturday	<i>See Booklet for Times</i>	_____
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<i>Fun Run</i>	Friday	5 PM -6 PM	_____
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<i>Swimming</i>	Friday	1 PM- 5PM	_____
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<i>Tae Kwon Do/ Karate</i>	Saturday	9 AM- 3 PM	_____
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<i>Tennis</i>	Friday & Saturday	8 AM-5 PM & 9 AM- Noon	_____
Doubles Partner: _____			

<i>Triathlon</i>	Saturday	9 AM -Noon	_____
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<i>Weightlifting</i>	Friday	8 AM -Noon	_____
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<i>Wrestling</i>	Saturday	9 AM -Noon	_____
Weight: _____			

<i>Golf</i>	Saturday	Tee Time 8:30am- Noon	_____
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This year for WEST VALLEY NIGHT, we are going to the new Caldwell YMCA. Parents may attend as observers at no cost, or pay the entry fee of \$12.50 if they want to participate. Chaperones will be provided. Children under the age of 8 MUST be accompanied by an adult. Please check the box to the left if you plan on attending.

All paperwork must be completed to be eligible to participate. If you have any questions or concerns, please contact the Idaho Youth Games office at 208-322-5172. This application is available in Spanish by calling 322-5172. Para aplicacion en espanol llame 322-5172



Caldwell Police D.A.R.E./ P.A.L.
Idaho Youth Games
P.O. Box 1113
Caldwell, ID 83605
Ph: 322-5172
Fax: 321-4819

PRSR STD
U.S. POSTAGE
PAID
BOISE, ID
PERMIT NO.
689

Registration Material Enclosed
DEADLINE FOR REGISTRATION: JUNE 9th

The IYG booklet with event information will be available...

online at www.idahoyouthgames.org or you can

call the IYG office to have one mailed or you can

pick one up at the Caldwell Police department

by mid May.