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**ATHLETE NAME:**

Address:

City, State, Zip:

Grade for 2017-2018:

School:

Age:

Shirt Size:

Health Conditions:

**PARENT INFORMATION:**

Email:

Parent Name:

Phone:

Parent Name:

Phone:

Emergency Contact:

Phone:



**LIABILITY WAIVER IS ATTACHED AND SIGNED BY LEGAL GUARDIAN.**

(MANDATORY FOR PARTICIPATION)

***Space is limited. Please register early to ensure your athlete's spot. NO REFUNDS.***

Registration is complete when **REGISTRATION FORM** and **SIGNED LIABILITY WAIVER** are received by IYSA and **FEES ARE PAID. RETURN COMPLETED FORMS & CHECK OR MONEY ORDER via mail to IYSA, 945 WESTCHESTER COURT, IDAHO FALLS, IDAHO 83402 or PAY AT ICCU ON WOODRUFF/SUNNYSIDE IN IDAHO FALLS.**