

Parent/Guardian Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 School _____ Email _____

Before submitting this registration form, read the registration information on page 10!

Participant Name	Code	Activity Name	Age	Birth Date	Session	Fee
male <input type="checkbox"/> female <input type="checkbox"/>		Youth Adult T-shirt size S <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>				
male <input type="checkbox"/> female <input type="checkbox"/>		Youth Adult T-shirt size S <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>				
Total						

T-Shirt sizes are needed for Basketball, Flag Football and Soccer.

Please Note: Participants *will not* be contacted before activities begin.

Waiver

I understand that the West Fargo Park District or activity sponsor does not provide medical insurance nor will the West Fargo Park District or activity sponsor be responsible for any medical expenses. I hereby authorize park district employees, activity coaches and instructors to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release the West Fargo Park District, its employees, activity sponsors, coaches, and instructors from any and all liability for any injuries. I also certify that my child(ren) or above listed participant(s) are medically fit to participate in the above activity(s) and have health insurance. I know that my phone number may be given to coaches or instructors, and I realize that I will not receive a refund unless I provide a doctor's note. I know that photos of participants may be used by the park district.

Yes, I would like to Volunteer!

Flag Football Other

All volunteer coaches must complete a background check.

Payment Method

(REGISTRATION NOT COMPLETE WITHOUT PAYMENT)

Cash
 Check or Money Order (payable to the West Fargo Park District)
 Visa MasterCard Discover

Card Holder's Name _____ Exp. Date _____
 Credit Card Number _____
 Card ID # _____
 Signature _____

Parent/Guardian Signature (18 and older) Date

Drop-off Registration
 West Fargo Park District
 500 13th Avenue West
 West Fargo, ND

Mail Registration
 West Fargo Park District
 P.O. Box 762
 West Fargo, ND 58078

Register Online at wfparks.org
Fax Registration (701) 433-5369

