

# Registration Form



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 44!**

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

T-Shirt sizes are needed for Baseball for Beginners, T-Ball, Rookies, Minor & Major Baseball, Girls Slowpitch Softball, Volleyball Camp, Soccer, Basketball for Beginners and Flag Football only.

**SOCCKER Question for Grades 2nd, 3rd, and 4th** Participants Name \_\_\_\_\_

Has participant played for Red River Soccer or any other soccer group or club other than the West Fargo Park District program?    \_\_\_ YES    \_\_\_ NO

## 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. I have read and agree to the code of ethics on page 42.

\_\_\_\_\_  
**Parent/Guardian Signature** (18 and older)    Date

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

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

Register Online at [wfparks.org](http://wfparks.org)

Fax Registration (701) 433-5369

**Yes, I would like to Volunteer!**

T-ball Coach     Flag Football     Other

All volunteer coaches must complete a background check.

Activities will be held only if minimum attendance is reached.

**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

\_\_\_\_\_  
 Signature