

REGISTRATION FORM

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

School _____ Email _____

Participant Name	Code	Activity Name	Age	Grade	Birth Date	Session	Fee
				2010-2011 <small>School Year</small>			
male <input type="checkbox"/> female <input type="checkbox"/>	T-shirt size		Youth	Adult			
	S <input type="checkbox"/> M <input type="checkbox"/>		S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>				
				2010-2011 <small>School Year</small>			
male <input type="checkbox"/> female <input type="checkbox"/>	T-shirt size		Youth	Adult			
	S <input type="checkbox"/> M <input type="checkbox"/>		S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>				
				2010-2011 <small>School Year</small>			
male <input type="checkbox"/> female <input type="checkbox"/>	T-shirt size		Youth	Adult			
	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 Flag Football only.

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

I would like to volunteer: as a flag football coach other

Register Online at wfparks.org

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 and activity instructors from the above listed programs 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, 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). 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.

Parent/Guardian Signature

Date

**Mail or drop off: WEST FARGO PARK DISTRICT
500 13 AVENUE WEST - P.O. BOX 762
West Fargo, ND 58078**

Fax: (701) 433-5369

Payment Method

(REGISTRATION NOT COMPLET WITHOUT PAYMENT)

_____ Check or Money Order
(payable to the West Fargo Park District)

_____ Visa _____ MasterCard _____ Discover

_____ Card Holder's Name _____ Expire. Date

_____ Credit Card Number

Signature _____