



# Registration Form

Mail to 601 26<sup>th</sup> Ave E, West Fargo ND 58078  
 Fax Registrations to: 701-433-5369  
 Drop off at the Park Office located at 601 26<sup>th</sup> Ave E.  
**Please use a separate form for each participant.**

Participant Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Parent(s)/Guardian(s) \_\_\_\_\_

Current Email Address (required) \_\_\_\_\_

Participant(s) your child will be carpooling with: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 (Name) (Phone) (Relationship to Child)

Are you interested in being a Volunteer Coach? Y/N Name of Coach \_\_\_\_\_ Shirt Size \_\_\_\_\_

Code	Activity Name	Fee
<b>Total Fees</b>		

**Shirt Size**

**Youth**

S  M  L

**Adult**

S  M  L  XL

*\*A current email address is required when registering. Schedules will be emailed prior to the start of team activities and posted at wfparks.org. We respect your privacy and do not sell or lend your personal information to any outside party.*

**Payment Method**  
 (REGISTRATION NOT COMPLETE WITHOUT PAYMENT)

\_\_\_ Cash \_\_\_ Check (Payable to West Fargo Park District) \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**Waiver**

I understand that the West Fargo Park District and/or activity sponsor does not provide medical insurance nor will the West Fargo Park District and/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.

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