



REGISTRATION FORM

Mail or In-Person: 601 26th Ave E, West Fargo, ND 58078

Fax: 701-433-5369 • Online: wfparks.org

Please use a separate form for each participant.

Participant Name _____ Gender _____
(First) (Middle Initial) (Last)

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Cell _____ Birth Date _____

School _____ Parent(s)/Guardian(s) _____

Emergency Contact: _____
(Name) (Phone) (Relationship to Participant)

Current Email Address (required) _____

A current email address is REQUIRED when registering. This is necessary for communicating important information such as team schedules or class updates. We do not sell or lend your personal information to any outside parties

CODE	ACTIVITY NAME	FEE
TOTAL FEES DUE		

If you are registering for a team activity, please answer the following questions if applicable:
Participant(s) carpooling with: 1.) _____ 2.) _____
Will you volunteer coach? Y / N Name of Coach _____ Shirt Size _____

Jersey or T-shirt Shorts (Basketball Only)

Youth Adult Youth Adult

S M L S M L XL S M L S M L XL

Payment Method: Cash Check (Payable to West Fargo Park District) Credit Card

Credit Card # _____ Billing ZIP _____

Name (Print) _____ Exp. Date ____/____/____ CCV Code _____

Signature _____ Today's Date _____

Assumption of Risk, Participation Waiver and Release

I understand that in registering and participating in a West Fargo Park District (the "Park District") program, I will be assuming the risk and legal liability and waiving all claims for injuries, damages, loss, and/or communicable diseases which I or my minor child/ward might sustain or contract as a result of taking part in for any and all activities associated with the West Fargo Park District including its employees, activity sponsors and/or volunteers. I am aware that I am solely responsible for determining if I or my minor child/ward is physically fit and/or adequately skilled for an activity. I understand the Park District does not provide medical insurance nor will the Park District and/or activity sponsor be responsible for any medical expenses. I recognize that photos or video taken during any activity or program are the property of the Park District and may be used without any compensation to me, prior notice or additional permission. I understand my phone number and/or e-mail may be shared with Park District instructors and/or volunteers to communicate important program details. I acknowledge by participating in a virtual recreation program, I am responsible for ensuring my environment is safe and that any use of third-party applications (e.g. Zoom, Facebook, etc.) is at my own security risk. I or my minor child/ward, do hereby release and forever discharge Park District and its employees, activity sponsors and/or volunteers from any and all negligence and liability for death, disability, personal injury, damages, loss of any nature which may hereafter accrue as a direct or indirect result of participation, regardless of severity. I have carefully read the Assumption of Risk, Participation Waiver and Release on this form and understand my signature is required below for myself or my minor child/ward to participate in a Park District program.

Participant or Parent/Guardian Signature (if participant is under 18) _____ Date _____