



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 necessary for communicating important information such as schedules or updates. We do not sell/lend emails to any outside parties.

CODE	ACTIVITY NAME	FEE
TOTAL FEES DUE		

Interested in volunteer coaching? **Y / N** Name of Coach _____ Shirt Size _____

BUDDY REQUEST Buddies must request each other to be considered a match.
 Only one Buddy may be requested. See page 4 for more details on this policy or visit wfparks.org.

Name _____

Jersey or T-shirt Youth Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Shorts (Basketball Only) Youth Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
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Payment Method: ___ Cash ___ Check (Payable to West Fargo Park District) ___ Credit Card

Credit Card # _____ Billing ZIP _____

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

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