

# Registration Form

Moorhead Parks and Recreation - 2400 4<sup>th</sup> Avenue South, Moorhead, MN 56560

Phone: 218.299.5340

Fax: 218.299.5212

Email: parkandrec@cityofmoorhead.com

Parent's/Guardian's Name (First and Last): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participants' T-shirt Size(s) (Applies to the Basketball/Volleyball Program): \_\_\_\_\_

Does the participant have any special needs/allergies we should be aware of: \_\_\_\_\_

Program Code	Program Name	Participant's Name	Date of Birth	Sex	Grade	Fee

Total: \_\_\_\_\_

## Payment Method - Registration is not complete without payment.

Check or Cash

Visa

MasterCard

American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Verification Code \_\_\_\_\_ Signature \_\_\_\_\_

## Release of Liability

All registrants MUST read and sign this waiver before participating in any Moorhead Parks and Recreation program. In consideration of your accepting me or my child or ward's entry, I hereby, for myself, my child or ward, my spouse, heirs, and successors or assigns, waive and release any and all rights and claims that I, my spouse, or my child or ward may have against the City of Moorhead, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation in the above activities. This release of liability will also cover all other park activities that I, my spouse, or my child or ward may register for. I further agree and consent to emergency treatment of my child or ward by a physician or hospital in the event that I cannot be reached. I also understand that the parks and recreation department staff or their representatives may photograph participants enrolled in programs, classes or events, or enjoying park facilities.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 13.57 Social Recreation Data Law Authorization

No. 2: I hereby grant authorization for my child's name to be published on a team roster which will be made available to coaches, staff, team members, and other individuals deemed necessary. I understand that if I choose not to sign this waiver, my child's name and phone number will not appear on team rosters but will be given to coaches and appropriate parks and recreation staff.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_