

Registration Form

Moorhead Parks and Recreation - 2400 4th Avenue South, Moorhead, MN 56560

Phone: 218.299.5340 Fax: 218.299.5212

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

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Participant's Shirt Size (Applies to Baseball/Football/Golf Programs): _____

What School does your child attend (Applies to Baseball/Football Programs): _____

Are you interested in coaching/assisting (Applies to Baseball/Football Programs): _____

Does participant have any special needs/allergies we should be aware of: _____

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

Baseball Location: _____

Total: _____

Payment Method - Registration is not complete without payment.

Check or Cash Visa MasterCard American Express

Credit Card # _____ Expiration Date _____

CV Code _____ Signature _____

Release of Liability

All registrants MUST read and sign the waiver below 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 shall 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 Park and Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events, or enjoying park facilities.

I understand that the Summer Park Program is NOT a day care structure. Participants may come and go as they please. Recreation Staff are not required to notify parents/guardians if participants choose to leave the program site.

Parent or Legal Guardian Signature: _____ **Date:** _____

13.57 Social Recreation Data Law Authorization

No. 2: I hereby grant authorization for my child's name and our home phone number 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 any team roster but will be given to the coach and appropriate Parks and Recreation Staff.

Parent or Legal Guardian Signature: _____ **Date:** _____