



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

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

Phone #: _____ Email: _____

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

Payment Method: Please check one. We will call for credit card information. Check or Cash Visa MasterCard Discover Scholarship

| Participant's First & Last Name | Program Name/Session/Date | Date of Birth | Sex | School Attending & Grade | T-shirt/Leotard Size - Youth S, M, L or Adult S, M, L, XL | Any Special Needs/Allergies | Fee |
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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 any team roster but will be given to the coach and appropriate parks and recreation staff.

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