

2019
WAHPETON PARKS & RECREATION TRACK & FIELD PROGRAM
BOYS & GIRLS - GRADES 3-4-5-6
IT'S MORE THAN JUST RUNNING...COME CHECK IT OUT!

PRACTICE SCHEDULE @ NDSCS (Dee & Owen Jensen Track) – 6:00-7:00PM

Thursday, April 11th
Monday, April 22nd
Tuesday May 7th

Monday, April 15th
Friday, April 26th
Friday, May 10th

Thursday, April 18
Thursday, May 2nd

FEE: \$15.00
REGISTRATION: Ongoing between now and first practice.
PRACTICE TIMES: 6:00-7:00PM

OPTIMIST CLUB TWIN TOWN TRACK MEET @ NDSCS

TUESDAY, MAY 14th @ 4:30pm (Rain Out Day: Thursday, May 16th).

This track meet has a completely separate registration form that needs to be completed in order to participate in the meet. The form will be taken to the schools and will also be available online to print off and return to the Parks and Recreation office.

YOUTH TRACK PROGRAM

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims to injuries you or your child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above program and I agree to assume the full risk if any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park Board and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of my child/ward in the above program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

STUDENT'S NAME (Print) _____ GRADE _____

T-Shirt Size (circle one): Yt Sm Yt Med Yt Lg Ad Sm Ad Med Ad Lg Ad XL

Parent/Guardian Signature _____

PHONE _____ (H) _____ (W) _____ (C)

Parent Email (Required) _____

Cancellations and changes to practices will be done thru email only.

Any medical information that we need to be aware of? _____

Would you be willing to help coach? If yes, please give name and phone number. _____