

# 2019 FLAG FOOTBALL REGISTRATION FORM

**REGISTRATION:** Ongoing – You may mail this form or take it to Wahpeton Parks & Recreation office at 304 5<sup>th</sup> Street South or bring it to the first practice or register online at <https://wahpetonparks.com>

**FIRST PRACTICE:** Tuesday, September 3rd - Practices are held on John Randall Baseball Field  
3<sup>rd</sup> Grade – 5:00-6:00pm, Tuesdays and Thursdays  
4<sup>th</sup> Grade – 6:00-7:00pm, Tuesdays and Thursdays

**PROGRAM ENDS:** Tuesday, October 15<sup>th</sup>

**PRACTICE DAYS AND TIMES:** 3<sup>rd</sup> Grade – Tuesdays & Thursdays from 5-6:00pm  
4<sup>th</sup> Grade – Tuesdays & Thursdays from 6-7:00pm

<b>GAME DAYS AND TIMES:</b>	Sept 24 <sup>th</sup> @ Breck	3 <sup>rd</sup> Grade 5:00	4 <sup>th</sup> Grade 6:00
	Oct 1 <sup>st</sup> @ Wahp	3 <sup>rd</sup> Grade 5:00	4 <sup>th</sup> Grade 6:00
	Oct 8 <sup>th</sup> @ Breck	3 <sup>rd</sup> Grade 5:00	4 <sup>th</sup> Grade 6:00
	Oct 15 <sup>th</sup> @ Wahp	3 <sup>rd</sup> Grade 5:00	4 <sup>th</sup> Grade 6:00

Breckenridge games are played on a field across the street to the west of their swimming pool.  
Wahpeton games are played on the John Randall Baseball outfield.

**COACHES:** Coaches are needed to offer this program. Please call Parks and Rec at 642-2811 if interested.

**COST:** \$25.00

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.

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## FLAG FOOTBALL

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

**PLAYERS NAME (Print)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PHONE NUMBER (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**PARENT OR GUARDIAN NAME (Please print):** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**T-SHIRT SIZE: (circle one)** Yt Sm   Yt Med   Yt Lg   Ad Sm   Ad Med   Ad Lg

**Parent/Guardian Signature** \_\_\_\_\_

**Any medical information that we need to be aware of?** \_\_\_\_\_