

# 2020 4TH GRADE GIRLS BASKETBALL

**REGISTRATION:** Online at [wahpetonparks.com](http://wahpetonparks.com) or print and return this form to Wahpeton Parks and Recreation at 304 5th Street South, Wahpeton, ND 58075 between now and the start date.

**Program Starts:** Monday, Sept 28th, 3:30-4:30pm, Wahpeton Community Center

**Schedule:** Mondays and Fridays from 3:30-4:30pm, Wahpeton Community Center

**Runs through November 6th. Please carry tennis shoes into the gym.**

**Cost:** \$30.00

**4th Grade Head Coach/Coordinator:** Chris Hills      **Assistant coaches are needed.**

**Follow us on our website or Wahpeton Parks & Recreation Facebook site for updates.**

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 programs. 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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## GIRLS BASKETBALL

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

**PLAYER NAME (Print)** \_\_\_\_\_

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

**PHONE NUMBER (work):** \_\_\_\_\_ **(Home or Cell)** \_\_\_\_\_

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

**EMAIL (Required):** \_\_\_\_\_

**T-SHIRT SIZE:** Yt 6-8   Yt 10-12   Yt 14-16   Ad Small   Ad Medium   Ad Large   Ad X-Large

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

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

**Would you be willing to help coach? Give us your name and phone number.**