



**REFUND POLICY:**

Participants will receive a full refund when the program is cancelled due to lack of participants, facilities, qualified instructors, or if the program has not officially begun. No refunds will be given once the program has started. All refunds will be issued in the form of a check. The issuance of a refund check will take up to 10 working days and will be mailed to the participant or guardian.

**TO COMPLETE THE REGISTRATION FORM BELOW:**

This registration form *only* applies to GF Park District programs, *not* to Choice Health & Fitness programming or activities listed on the Private Clubs and Programs pages. Use one form per child. Be sure all info is correct and the program code number is included. (Multiple code #'s may be listed on form if programs are for same child.) All fees must be paid in full. Additional registration forms are available online or at the GF Park District office.

# PRE-KINDERGARTEN - 2ND GRADE SUNFLAKE SOCCER REGISTRATION FORM

**PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REGISTERING YOUR CHILD/WARD FOR PARTICIPATION IN THE BELOW PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOUR CHILD/WARD MIGHT SUSTAIN ARISING OUT OF THE BELOW PROGRAM.**

I recognize and acknowledge that there are certain risks of physical injury and/or death to participate in the below program, and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which my child/ward may sustain as a result of involvement with the below program. Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which my child/ward may have or which may accrue to my child/ward in relation to his/her involvement with the below program, regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Park District from responsibility of fraud or willful injury to person or property, nor for any violation of the law. This release is intended to release only claims for negligence and/or non-willful or non-criminal claims.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.**

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ONE CHILD PER FORM PLEASE

CHILD'S FIRST AND LAST NAME				<b>PLEASE NOTE: This registration form is only applicable to GF Park District Youth Programs. Form CANNOT be used to sign-up for Choice Health &amp; Fitness Programming.</b>
GENDER	BIRTHDATE (MM - DD - YYYY)			
PARENT/GUARDIAN NAME				
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME PHONE #	HOME PHONE #		CELL PHONE #	
<b>For program and weather updates, please provide your contact info for email alerts.</b>		EMAIL ADDRESS		

DOES PARTICIPANT HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF (DIABETES, CAR-POOLING, ASTHMA, ETC)?

## PRE-KINDERGARTEN - 2ND GRADE SUNFLAKE SOCCER

SCHOOL (CIRCLE THE SCHOOL YOU WOULD LIKE YOUR CHILD TO PLAY FOR)						
BEN FRANKLIN	CENTURY	DISCOVERY	HOLY FAMILY	KELLY	LAKE AGASSIZ	LEWIS & CLARK
PHOENIX	VIKING	ST. MICHAEL'S	TWINING (AFB)	WILDER	WEST & WINSHIP	
GRADE (CIRCLE THE GRADE IN WHICH YOUR CHILD IS ENROLLED)						
PRE-KINDERGARTEN	KINDERGARTEN	1ST GRADE	2ND GRADE			

**YES, I WOULD LIKE TO DONATE \$5 TO HELP A LOCAL CHILD STAY ACTIVE THIS SEASON. | PLEASE ADD \$5 TO YOUR TOTAL.**

TYPE OF PAYMENT (please circle one):	CASH	CHECK	VISA	MASTERCARD	DISCOVER	AMEX	AMOUNT ENCLOSED:
CREDIT CARD #:	_____		EXP. DATE:	____/____/____	CVV	_____	
SIGNATURE OF CARDHOLDER:	_____						

PLEASE MAKE CHECKS PAYABLE TO: **GRAND FORKS PARK DISTRICT**

MAIL REGISTRATION FORM & FEE TO: GRAND FORKS PARK DISTRICT, ATTN: REGISTRATION, P.O. BOX 12429, GRAND FORKS, ND 58208-2429