

**New Rockford Park and Recreation District  
Registration Form and Waiver and Release of Claims**

Please read this form carefully and be aware that in registering your child for participation in the below program(s), you will be waiving and releasing all claims for injuries you or your child/children sustain arising from participating in the below programs.

I recognize and acknowledge that there are certain risks of physical injury and/or death in participating in the below program(s) and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/children may sustain as a result of involvement. Further I hereby waive and relinquish all claims that I, my insurer, or my child/children may have against the New Rockford Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/children may have or which may occur while participating in any or all of the below programs whether they 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/children'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 law. This release is intended to and releases 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.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Whatever age the child is on April 30, 2014 is the category they should be placed\*\*\***

Child's Name \_\_\_\_\_

Activity(circle): Tball (6-8) CoachPitch (9-10) Cal Ripken(11-12) Babe Ruth (13-15) Swim Lessons

Child's Name \_\_\_\_\_

Activity(circle): Tball CoachPitch Cal Ripken Babe Ruth Swim Lessons

Child's Name \_\_\_\_\_

Activity(circle): Tball CoachPitch Cal Ripken Babe Ruth Swim Lessons

Child's Name \_\_\_\_\_

Activity(circle): Tball CoachPitch Cal Ripken Babe Ruth Swim Lessons

Does the participant(s) have any special limitations of which we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

# 2014 New Rockford Park District Summer Activity Fee

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER(S):

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Cell \_\_\_\_\_

CHILDREN'S NAME(S):

DOB:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

T-BALL \$35.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

COACH/PITCH \$35.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

CAL RIPKEN \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

BABE RUTH \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

SWIM LESSONS \$30.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

SINGLE PASS \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

FAMILY PASS \$100.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

PAID \_\_\_\_\_

CASH \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_