

# 2017 SECOND GRADE GIRLS BASKETBALL

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

Program Starts – Monday, September 25<sup>th</sup> @ 3:30pm @ Wahpeton Community Center

Schedule: Mondays and Thursdays from 3:30-4:15pm @ Wahpeton Community Center

Please carry tennis shoes into the gym. Runs through November 2<sup>nd</sup>.

Cost: \$20.00

2<sup>nd</sup> Grade Head Coach/Coordinator: Tarek Aissaoui

Assistant/team coaches are needed for 2<sup>nd</sup> grade.

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 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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## GIRLS BASKETBALL

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

PLAYERS 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)

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.

