

**2022 WAHPETON PARKS & REC TRACK & FIELD PROGRAM
BOYS & GIRLS - GRADES 3-4-5-6
IT'S MORE THAN JUST RUNNING...COME CHECK IT OUT!**

PRACTICE SCHEDULE @ NDSCS (Dee & Owen Jensen Track) – 6:00-7:00PM

**Tuesday, April 12th
Tuesday, May 3rd**

**Friday, April 22nd
Thursday May 5th
Friday, May 13th**

**Thursday, April 28th
Monday, May 9th**

FEE: \$15.00

REGISTRATION: Ongoing between now and first practice.

OPTIMIST CLUB TWIN TOWN TRACK MEET @ NDSCS

TUESDAY, MAY 17th @ 4:30pm (Rain Out Day: Thursday, May 19th).

This track meet has a completely separate registration form that needs to be completed in order to participate in the meet. The form will be taken to the schools and will also be available online to print off and return to the Parks and Recreation office.

YOUTH TRACK PROGRAM

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.

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

STUDENT'S NAME (Print) _____ GRADE _____

T-Shirt Size (circle one): Yt Sm Yt Med Yt Lg Ad Sm Ad Med Ad Lg Ad XL

Parent/Guardian Signature _____

PHONE _____ (H) _____ (W) _____ (C)

Parent Email (Required) _____

Cancellations and changes to practices will be done thru email only.

Any medical information that we need to be aware of? _____
