HANKINSON SUMMER RECREATION PROGRAM REGISTRATION

Parent/Guardian Info	rmation Parent/	Guardian#	1 Name:			
Phone: Email:						
Would you be willing to help with your childs team at games? Yes No						
Parent/Guardian #2 N	Vame:					
Phone:			_ Email:			
Would you be willing	g to help with ye	our childs to	eam at games?	Yes	No	
Participant Name	Date of Birth	Grade	Program Name	Program Fee	Uniform Size	Uniform Fee
					1.5	1
Total Fees: Payment Method: Cash Check (Payable to Hankinson Park Bo						
	nt Method: _	Cash	Check (Pa	yable to Hanki	inson Park Bo	ard)
Terms and Conditions (1) I/We, the parents/guard	diana aftha ahaya	mamad aandida	oto for morticipation in 1	Hanlingan Danka Suna	unan Daa hamahy aiyy	
participate in any and all H						e my/our approval to
(2) I/We know that participall injuries to players, and organizers, sponsors, super injury to my/our child when	do hereby waive, rervisors, participants	elease, absolve s, and persons	e, indemnify, and agree transporting my/our ch	to hold harmless the l	ocal Hankinson Park	s and Rec, the
(3) If applicable, I/We agree normal wear and tear.	ee to return upon re	quest the equip	pment issued to my/our	r child in as good cond	ditions as when receive	ved except for

Registrations can be mailed to: P.O. Box 418, Hankinson, ND 58041
Registrations are due by May 19

Date

Parent/Guardian Signature

Registrations received after this date will be subject to a \$10 late fee