



Parent's/Guardian's Name (First and Last): _____ Relationship _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact (First and Last and Phone Number) _____ Relationship _____

Are you or a family member interested in coaching/assisting (Applies to Baseball/Football) _____

Payment Method:

Please check one box. We will call for credit card information. Check or Cash Visa MasterCard Discover Scholarship

Participant's First & Last Name	Program Name/Session/Date	Date of Birth	Sex	School Attending & Grade	T-shirt/Leotard Size - Youth S, M, L or Adult S, M, L, XL, XXL	Any Special Needs/Allergies	Fee

Release of Liability

All registrants MUST read and sign the waiver below before participating in any Moorhead Parks and Recreation Program. In consideration of your accepting me or my child or ward's entry, I hereby, for myself, my child or ward, my spouse, heirs, and successors or assigns, waive and release any and all rights and claims that I, my spouse, or my child or ward may have against the City of Moorhead, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation in the above activities. This release of liability shall also cover all other Park activities that I, my spouse, or my child or ward may register for. I further agree and consent to emergency treatment of my child or ward by a physician or hospital in the event that I cannot be reached. I also understand that Park and Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events, or enjoying park facilities. **I understand that the Summer Park Program is NOT a day care structure. Participants may come and go as they please. Recreation Staff are not required to notify parents/guardians if participants choose to leave the program site.**

13.57 Social Recreation Data Law Authorization

No. 2: I hereby grant authorization for my child's name and our home phone number to be published on a team roster which will be made available to coaches, staff, team members and other individuals deemed necessary. I understand that if I choose not to sign this waiver, my child's name and phone number will not appear on any team roster but will be given to the coach and appropriate Parks and Recreation Staff.

Parent or Legal Guardian Signature: _____ Date: _____



Moorhead Parks & Recreation Scholarship Application

It is our goal to offer financial assistance to any and all Moorhead youth looking to participate in our programs. To apply, please submit the scholarship application, registration form, and evidence of the household's annual income, e.g. most recent federal tax return, last two recent pay stubs, or valid SNAP approval letter. Scholarships are available for all programs to youth ages 17 years and younger. Applicants must be residents of Moorhead.

All forms must be completed in full. Any missing or incomplete information will automatically be denied for a scholarship.

If approved, qualifying youth may be eligible to receive one to two scholarships, per program, per season (3 total per calendar year).

Household size	Maximum Household Income
1	\$59,300.00
2	\$67,800.00
3	\$76,250.00
4	\$84,700.00
5	\$91,500.00
6	\$98,300.00
7	\$105,050.00
8	\$111,850.00

Name of Scholarship Recipient	Date of Birth	Grade

Number of people in your household: Adults _____ Children _____ Total _____

Mark all races that apply: (Optional)

- American Indian/Alaska Native
- Black/African American
- Asian
- White
- Other Multi-Race
- Hawaiian/Pacific Islander
- Hispanic/Latino

Eligibility Release Form

I certify that my information is accurate and complete. I authorize grantee to verify information provided, if necessary.

WARNING: False statements or misrepresentations listed on this form may result in the loss of approved scholarships

Signature

Relationship

Date

All forms can be emailed, dropped off or mailed to:

Moorhead Parks and Recreation
1300 15th Avenue North
Moorhead, MN 56560
parkandrec@moorheadmn.gov

OFFICE USE ONLY

Date Received: _____ Approved: _____ Office Personnel: _____