

Bowman Parks and Recreation Youth Activity Registration Form – 2014-2015

Visit our website at bowmanparksandrec.org Notifications on facebook: Bowman Parks and Recreation
 Complete the registration section below and mail to: Bowman Parks and Recreation, Box 112, Bowman, ND 58623

If you wish to speak to someone personally about the activity or want/need more information, contact:
 701-523-3896 or email bowmanparksandrec@gmail.com

ACTIVITY (Check All That Apply):	Cost Per Person (PP):	Registration Deadline:	Program Timeline:
<input type="checkbox"/> Tumbling – Ages 5 – 10	\$50.00 PP	5/6	4 Sessions – May 2014
<input type="checkbox"/> Tumbling – Ages 5 – 10	\$90.00 PP	5/29	8 Sessions – June 2014
<input type="checkbox"/> T-Ball – Ages 5 – 6	\$30.00 PP	5/14	6 weeks – Jun-Jul 2014
<input type="checkbox"/> Midget Baseball – Ages 7 – 9	\$30.00 PP	5/14	6 weeks – Jun-Jul 2014
<input type="checkbox"/> Little League Baseball – Ages 10 – 12	\$40.00 PP	5/14	8 weeks – May-Jul 2014
<input type="checkbox"/> Babe Ruth Baseball – Ages 13 – 15	\$40.00 PP	5/14	9 weeks – May-Jul 2014
<input type="checkbox"/> Little Girls Softball – Ages 10 – 12	\$40.00 PP	5/14	8 weeks – May-Jul 2014
<input type="checkbox"/> Girls Softball – Ages 13 – 18	\$40.00 PP	5/14	8 weeks – May-Jul 2014
<input type="checkbox"/> Missoula Children’s Theatre–Grades 1-12	\$30.00 PP	7/15	1 Week–Aug 11-16, 2014
<input type="checkbox"/> Tackle Football – Grades 4 – 6	\$65.00 PP + \$150 deposit	8/1	10 weeks–Aug-Oct2014
<input type="checkbox"/> Cheer – Grades 4 – 6	\$15.00 PP + uniform	8/15&10/10	7 weeks–Nov-Dec 2014
<input type="checkbox"/> Girls Basketball – Grades 4 – 6	\$15.00 PP	8/15	7 weeks – Sep-Oct 2014
<input type="checkbox"/> Boys Basketball – Grades 4 – 6	\$15.00 PP	10/1	7 weeks – Oct-Dec 2014
<input type="checkbox"/> After School Activity Program – Grades 4 – 6	\$12.00 PP per week (MTTH)	12/15	8 weeks – Jan-Feb 2015
<input type="checkbox"/> Volleyball Program – Grades 4 – 6	\$15.00 PP	3/1	7 weeks – Mar-Apr2015

PARTICIPANT INFORMATION:

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Grade</i>	<i>Date of Birth</i>
-------------------	------------------	------------	--------------	----------------------

<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Gender: M / F</i> YES or NO
----------------	-------------	------------	-----------------------------------

<i>Home Telephone</i>	<i>Cell Telephone #1</i>	<i>Cell Telephone #2</i>	<i>Okay to Text? (circle)</i>
-----------------------	--------------------------	--------------------------	-------------------------------

<i>Email Home</i>	<i>Email Work</i>
-------------------	-------------------

Parent’s or Guardian’s Name(s)

***Please circle one Shirt Size:**

YOUTH: YS (6-8) YM (10-12) YL (14-16)	ADULT: AS AM AL AXL
--	---------------------------------

HELP WANTED / VOLUNTEERS – Please check one of the following options:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Head Coach (Pd - Training provided) <input type="radio"/> Assistant Coach (Pd - Training provided) <input type="radio"/> Official / Ump – (Pd) | <ul style="list-style-type: none"> <input type="radio"/> Sponsor (\$50 minimum; attach check or send to PO Box 112, Bowman, ND 58623) <input type="radio"/> Team Parent (communicator) - Volunteer |
|--|--|

Contact Information: _____

~ DO NOT WRITE BELOW – Bowman Parks and Recreation USE ONLY ~

Fee Paid: \$ _____	Cash _____	Check #: _____	Date: _____	Staff Initials: _____
Fee Paid: \$ _____	Cash _____	Check #: _____	Date: _____	Staff Initials: _____
Fee Paid: \$ _____	Cash _____	Check #: _____	Date: _____	Staff Initials: _____
Fee Paid: \$ _____	Cash _____	Check #: _____	Date: _____	Staff Initials: _____

**Please Note: Not all activities will receive a shirt*

OVER MUST COMPLETE OTHER SIDE

~ CONSENT FOR EMERGENCY MEDICAL TREATMENT ~

We, the parents/guardians of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Contact: _____ **Phone:** _____

Does your child have any allergies or require any special medication or injections?

No _____ Yes _____ Explain: _____

NOTICE: We hereby agree that the Bowman Parks and Recreation Board (BPRB), its members, coaches and employees shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of BPRB, and we agree to indemnify and hold harmless BPRB, its members, coaches, directors and designees of any claim whatsoever.

PARENT / GUARDIAN SIGNATURE

DATE

Registration Policy: *No Phone registrations will be accepted. Fees are due at the time of registration. Participation will not be allowed if fees are not paid at the time of registration.*

**MAIL FORM AND REGISTRATION FEES TO BOX 112, BOWMAN, ND 58623 or
DROP OFF AT ROUZIE REC CENTER - 305 1ST St. SW, BOWMAN, ND
BY REGISTRATION DEADLINE**