

Register for a Bismarck Parks and Recreation District Program!

The registration information and form below only applies to BPRD programs, not to activities listed in the Other Programs and Partners section.

Online at www.bisparks.org

Online registration is available for all programs listed with a code.
All other BPRD programs will list registration details.

Walk-In or Mail-In

400 E. Front Ave.
Bismarck, ND 58504
7:30am-5pm Mon.-Fri.

After Hours Drop Box

400 E. Front Ave.
Bismarck, ND 58504

Refund Policy

- Participants in BPRD adult and youth programs will receive a full refund when the program is cancelled or has not officially begun.
- All refunds will be issued in the form of a check or credit, if applicable, for programs.
- The issuance of a refund check will take 10-12 working days and will be mailed to the participant.

To complete the registration form below:

- Use one form per child. Be sure information is correct and the program code number is listed. (Multiple code numbers may be listed on one form if programs are for the same child.)
- All fees must be paid in full.
- Additional registration forms are available online or at the Park District office.



NATIONAL GOLD MEDAL WINNER
BISMARCK PARKS AND RECREATION DISTRICT
Est. 1927

Please read this form carefully and be aware that in registering yourself or your child/ward for participation in the below program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the below program(s).

I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in the below program(s) and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with the below program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the below program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Park District from responsibility of fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims. **I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.**

Participant or Parent/Guardian Signature _____ Date _____

Activity	Code #	Fee	Cash/Check # /Credit Card	
Participant (First, Last)		Participant D.O.B.	Age	Grade (2022-23)
Address		City, State, Zip		
Email	Phone (H / W / C)		Phone (H / W / C)	
Does participant need any modifications due to a disability? If so, please explain.				
Parent/Guardian (First, Last)		Parent/Guardian D.O.B.	Phone (if different than above)	

Please make all checks payable to BPRD. Mail registration forms to 400 E. Front Ave., Bismarck, ND 58504.