



**WINTER SESSION**  
**January 20 - March 17 (No league Feb 3)**

**Where:**Choice Health & Fitness | 4401 South 11th Street, Grand Forks, ND 58201

**League Times:**Sunday | 6:00 - 7:00 pm

**Cost:**League fee of \$15.00 plus tax

**Rules:**USAR rules apply during league play.

**Contact:**

For questions and/or help in getting into a league for your level of play, contact CJ Cano by phone at 701-746-2790 or email at ccano@choicehf.com

\*Spots in league will not be guaranteed until you have paid your registration fee.

\*Non-members may participate in leagues at a non-member rate.

Call 701-746-2790 or email sports@choice.com.

Detach and return with full payment.

**YOUTH RACQUETBALL LEAGUE REGISTRATION FORM | January 20 - March 17**

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M F

Parent Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone # (work, mobile, etc.) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.*

Parent of Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Choice Sports** *Racquetball League*

## **YOUTH RACQUETBALL LEAGUE**

**GRADES 4 - 8**

**Keep your racquetball game up to  
speed and improve this winter with our  
youth league at Choice Health  
& Fitness.**

