

Please Print Clearly

Adult Last Name First Date of Birth

Street Address

City State ZIP

E-Mail Address - By providing your email address, you will receive emailed receipts and updates from Bellevue Parks & Community Services.

Work Phone Home Phone

Adaptive Summer Day Camp

This specialized day camp is designed for kids living with intellectual disabilities and are packed full of community outings, park excursions, sports, interactive games, and sensory based crafts. Outside funding and care providers have been secured to provide personal care including toileting and feeding for campers in need. No extended care is available.

***All new campers must meet with Mary Boyle prior to camps. Please call (425) 452-4118 or e-mail mboyle@bellevuewa.gov for your appointment. ***

Camper Name: Last First

Birthdate: Male Female

Does camper use a wheelchair for transport? Yes No

Table with 4 columns: Weeks Offered, Fee Bellevue, Fee Non-Bellevue. Rows for Week 1 through Week 6.

No camp the weeks of: June 29th & July 20th

Registration Begins February 1st for Bellevue Residents



Registration Form

See Day Camp Registration Policies & Procedures on Page 31 of the Summer Camp Guide.

Non-resident registrations are not accepted prior to the first day of non-resident registration. Registrations received from non-Bellevue residents will be accepted, beginning February 10, 2020

For scholarship information, call 425-452-6885 or visit parks.bellevuewa.gov/connections. Scholarship applications must be approved prior to registration.

WAIVER OF LIABILITY/RELEASE - PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

Adult Participant or Participant's Parent/Guardian Signature Date

Printed Name:

Registration NOT VALID without signed waiver.

Mail completed form to:

Bellevue Parks Registration; P.O. Box 90012; Bellevue, WA 98009-9012

Payment Details

See Payment Policies for More Information.

Payment Method

- Check D.D.A. (send to Highland)
Credit Card Total Fee: \$



Card Number

Expiration Date