## **Highland Community Center**

Mailing Address: PO Box 90012 Bellevue, WA 98009 

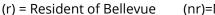


## Adaptive Rec Registration Form

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ntormatio	Last Name	First Na	me	Date of Birth	
ntact In		City	State	ZIP	
<u></u>	Email Address-By providing you	r email address, you will receive	receipts and updates from Bellevue Parks &	Community Services	
Main	Primary Phone		Alternate Phone		
P	articipant Name:		Registration Opens: Bellevue Resident: <b>March 4</b> <sup>th</sup>		
D	ate of Birth:	M 🗆 F 🗆	Non-Bellevue Resident	: March 11 <sup>th</sup>	
	Intellectual Disabilit	y Programs	Intellectual Disability Programs  VIRTUAL		
	IN-PERSO				
	Mon-Thur 3pm-5pm	Apr 1 <sup>st</sup> -Jun 6 <sup>th</sup>	Trivia	\$50(r)   \$63(nr)	
	Just Hoops	\$50(r)   \$63(nr)	Mon 7pm-8pm	Apr 1 <sup>st</sup> -Jun 3 <sup>rd</sup>	
	Mon-Thur 3:30pm-5pm	Apr 1 <sup>st</sup> -Jun 6 <sup>th</sup>	BINGO	•	
	Artistic Inspirations	\$72(r)   \$88(nr)	Weds 7pm-8pm	Apr 3 <sup>rd</sup> -Jun 5 <sup>th</sup>	
	Mon 5pm-7pm	Apr 1 <sup>st</sup> -Jun 3 <sup>rd</sup>	Physical Disability Programs		
	Dance	•	In-Person		
	Mon 7pm-8pm	Apr 1 <sup>st</sup> -Jun 3 <sup>rd</sup>	PD Exercise	\$108(r) \$129 (nr)	
	Fitness	<u>.</u>	Tues & Thur 11am-Noon	Apr 2 <sup>nd</sup> -Jun 20 <sup>th</sup>	
	Tue/Thus 5pm-6:30pm	Apr 2 <sup>nd</sup> -Jun 6 <sup>th</sup>	PD Exercise	•	
	Track	•	Tues & Thur Noon-1:30pm	Apr 2 <sup>nd</sup> -Jun 20 <sup>th</sup>	
	Tue/Thur 6:30pm-8pm	Apr 2 <sup>nd</sup> -Jun 6 <sup>th</sup>	<u>'</u>	on-Bellevue Residents	
	Movie Time	•			
	Weds 5pm-7pm	Apr 3 <sup>rd</sup> -Jun 5 <sup>th</sup>	Romombo	rto	
	BINGO		Remembe		
	Weds 7pm-8pm	Apr 3 <sup>rd</sup> -Jun 5 <sup>th</sup>	sign the ha	ack	

## sign the back.

Registrations received without a signed waiver will not be processed.



Friday 6pm-8:30pm

Fri 1pm-2:30pm

Craft Class.....\$50(r) \$63(nr)

Barn Dance ......\$10(r) \$12(nr)

(nr)=Non-Bellevue Residents

Apr 5<sup>th</sup>-Jun 7<sup>th</sup>

May 10<sup>th</sup>



## WAIVER OF LIABILITY/PHOTO & VIDEO 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 / PHOTO & VIDEO 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.

Parent or Guardian Signature	DATE	PRINTED NAME	
4	Payment Details		
E DELLE	Payment Metho		Master Card
ASHINGTON TO THE PROPERTY OF T	☐ Check ☐ Credit Card	D.D.A. (send to Highland)	VISA
Bellevue Parks & Community Services	Card Number		
Community Services	Expiration Date	CVV	