

Robinswood Tennis Center
ADAPTIVE REC REGISTRATION FORM
Fall 1 2025

PLEASE PRINT CLEARLY

Main Contact-Last Name	Main Contact-First Name	Main Contact-Date of Birth
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Street Address	City	State	ZIP
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Email Address-By providing your email address, you will receive receipts and updates from Bellevue Parks & Community Services

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Primary Phone

Alternate Phone

Participant Name: _____

Date of Birth: _____ M ☐ F ☐

Intellectual Disability Programs

IN-PERSON

Adaptive Tennis (9821).....\$48 (r) | \$48 (nr)

Wed 4:00 pm-5:00 pm | Sept. 17th-Oct. 22nd

Registration Opens:
Bellevue Residents: **August 5**
Non-Bellevue Resident: **August 12**

**Remember to
Sign the back**

Registrations received without a
signed waiver will not be processed

TURN OVER TO SIGN

Robinswood Tennis Center
2400 152st PL SE Bellevue, WA 98007
425-452-7690

Adaptive Tennis Coordinator/Instructor: **Sara Wilson** swilson@bellevuewa.gov

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 activities 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.

PARTICIPANT OR PARTICIPANT'S

DATE

PRINTED NAME

PARENT/GUARDIAN SIGNATURE

Payment Details

Payment Method

☐

Check

☐

D.D.A.

☐

Credit Card



Total Fee: \$ _____

Card Number _____ Expiration Date _____ CVV _____



**Bellevue Parks &
Community Services**

*Send D.D.A. to Highland Community Center
14224 NE Bel Red Rd, Bellevue, WA 98007*