



Bellevue Parks & Community Services

Adaptive Recreation Registration Form

Summer

Highland Community Center
14224 Bel-Red Road Bellevue, WA 98007

(425) 452-7686 Phone HCC@bellevuewa.gov E-mail (425) 452-2910 Fax register.bellevuewa.gov Website

Participant Name: _____ Date of Birth _____ Phone _____ New

Physical Address: _____ New

E-mail Address: _____ New

	<input type="checkbox"/>	Title	Rates		Days	Time	Date
			Res	Non			
Intellectual Disabilities	<input type="checkbox"/>	1903987 Full Fitness Fun*	\$86	\$108	Tu/Thu	5:00p-7:00p	6/18-8/22
	<input type="checkbox"/>	1925182 Cultural Dance	\$46	\$58	Tue	7:00p-8:30p	6/18-8/20
	<input type="checkbox"/>	1902060 Softball*	\$69	\$85	Tu/Thu	7:00p-8:30p	6/18-8/22
	<input type="checkbox"/>	1904326 Adventure Ed	\$244	\$305	Wed	9:30a-3:00p	6/19-8/21
	<input type="checkbox"/>	1904377 Movie Time	\$46	\$58	Wed	5:00p-7:00p	6/19-8/21
	<input type="checkbox"/>	1904507 Social Club	\$46	\$58	Wed	7:00p-8:30p	6/19-8/21
	<input type="checkbox"/>	1904677 Cooking w/Ease*	\$81	\$101	Thurs	5:00p-7:00p	6/20-8/22
	<input type="checkbox"/>	1920587 BINGO*	\$46	\$58	Thurs	7:00p-8:30p	6/20-8/22
	<input type="checkbox"/>	1902072 Aloha Picnic & Dance	\$10	\$12	Fri	5:00p-9:30p	8/16
	<input type="checkbox"/>	1904877 Bowling	\$50	\$62	Sat	9:30a-11:30a	6/22-8/24
*No programs Thursday July 4th in observance of Independence Day							
Physical Disabilities	<input type="checkbox"/>	1904941 PD Exercise**	\$121	\$153	M/W/F	9:15a-10:15a	6/17-9/6
	<input type="checkbox"/>	1904942 PD Exercise**	\$121	\$153	M/W/F	10:30a-11:30a	6/17-9/6
	<input type="checkbox"/>	1904942 PD Exercise**	\$121	\$153	M/W	11:45a-1:15p	6/17-9/4
** No programs Monday Sept 2nd in observance of Labor Day							
Adaptive Summer Day Camps Ages 4-21							
Youth	<input type="checkbox"/>	1902923 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	6/24-6/28
	<input type="checkbox"/>	1902922 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	7/8-7/12
	<input type="checkbox"/>	1902924 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	7/15-7/19
	<input type="checkbox"/>	1902925 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	7/22-7/26
	<input type="checkbox"/>	1902926 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	7/29-8/2
	<input type="checkbox"/>	1902927 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	8/5-8/9
<input type="checkbox"/>	1902928 Adaptive Day Camp	\$237	\$296	M-F	9:30a-3:00p	8/12-8/16	

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.

I accept the conditions printed above:

Participant or Participant's Parent/Guardian Signature

Printed Participant Name _____ Date _____
Registration NOT VALID unless signed

ATTENTION NEW PARTICIPANTS: People living with disabilities are encouraged to participate in any of the Recreation Division programs in which they are interested. Please contact Mary Boyle, Program Coordinator if you have not taken programs at Highland Center in the past, to schedule an appointment at (425) 452-4118.

Payment Details

Credit Card Total Fee: \$ _____



Check

City of Bellevue Scholarship

Card Number _____

Expiration Date _____

DDA Case Manager: _____ E-Mail: _____

Donation to Highland Community Center \$ _____

Request for Modifications _____

This information will be provided in alternate formats for individuals with disabilities upon request. Assistance for the Deaf and Hard of Hearing can be provided through the 711 Telecommunications Relay Service. For interpreter or format requests please contact Mary Boyle at mboyle@bellevuewa.gov or (425) 452-4118. You may also contact the ADA Administrator Blayne Amson at BAmson@bellevuewa.gov.

Check out our other adaptive programs of interest at Bellevue Aquatic Center, Bellevue Youth Theater, Northwest Arts Center, and Robinswood Tennis Center.

Bellevue Resident Registration Opens: **March 26th**

Non-Bellevue Registration Opens: **April 4th**