

10-day Registration Preference for Bellevue Residents • Registration Begins August 5, 2013

MAIL-IN/FAX/WALK-IN REGISTRATION

Mail completed registration forms to:
Bellevue Parks Registration; PO Box 90012; Bellevue, WA 98009-9012
or FAX to 425-452-2910.

Registration forms may be dropped off at Bellevue City Hall or any recreation facility during normal business hours. *Walk-in registration forms will be placed in queue.*

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 August 14, 2013.

PHONE-IN

Telephone
Registration
begins
August 19, 2013.
425-452-6885

Registration Policies

REGISTRATION PRIORITY: The City of Bellevue is committed to providing a wide range of recreation activities for Bellevue residents. Therefore, the City gives a ten calendar day registration preference for those residing within the Bellevue city limits. Non-residents are welcome to take part in recreation programs on a space-available basis. Non-resident registrations are not accepted prior to the first day of non-resident registration. On this day, mailed and faxed registrations will be accepted Monday-Friday 8-5 at Bellevue City Hall, online at MyParksAndRecreation.com, or during normal operating hours at other program sites.

Due to an interlocal agreement with King County, all registrations for programs at South Bellevue Community Center are processed in the order received.

REGISTRATION CONFIRMATION: Confirmation notices are mailed after registration has been processed.

PAYMENT: Payment is accepted in Cash, checks, or Visa/MasterCard only. Payment for all programs except day camps is due in full at the time of registration. **Scholarship application is required prior to registration.**

General Recreation Programs and Mini-Camps: Payment is due at the time of registration. Scholarship application is required prior to registration if paying with scholarship.

Day Camps: Each Day Camp requires a \$35 non-refundable deposit, per participant, per camp, at the time of registration, and will be applied toward the final amount due. Payment in full is due for the first two (2) camps at the time of registration. Payments for subsequent camps are due fourteen (14) calendar days prior to the first day of the session.

CREDIT CARD: Include credit card number and expiration date on registration form.

LARGE PRINT: *Copies of the Connections are available upon two business days request at Bellevue Parks & Community Services Office.*

Adaptive Recreation Programs - 425-452-7686

REGISTRATION FORM IS FOUND ON PAGE 49. Please use this form when registering for Specialized Recreation classes.

AUDIO-TAPE: A loan copy will be available upon request within 48 hours notice from the Bellevue Parks & Community Services Office. We advise individuals to request specific sections of the Community Services Brochure so that information will be functional to the listener.

READERS: Are available over the phone or in person from any program area. Call the appropriate program office and a staff person will read the requested sections.

ADA: The City will provide reasonable accommodations. This information will be provided in alternate formats for individuals with disabilities upon request. We invite everyone's participation, please provide two weeks advance notice for special needs requests. Assistance for the Deaf and Hard of Hearing can be provided through the 711 Telecommunications Relay Service. For Bellevue Parks & Community Services programs please contact Kim Indurkar, Inclusion Coordinator 425-452-7686.

RESIDENT DEFINITION:

A resident is defined as anyone living within the jurisdictional boundary of the City of Bellevue as determined by City records. If you have any question as to whether you are within the jurisdictional boundary of the City of Bellevue, please contact the Development Services Department's Land Use Division at 425-452-4188.

EQUAL OPPORTUNITY STATEMENT:

The U.S. Department of the Interior strictly prohibits discrimination on the basis of race, color, national origin, age or handicap in its federally-assisted programs and activities. If anyone believes he or she has been discriminated against in a Bellevue Parks & Community Services program, activity or facility, he or she may file a complaint alleging discrimination with Bellevue Parks & Community Services or the Office for Equal Opportunity, U.S. Department of the Interior, Washington, D.C., 20240.

The City of Bellevue prohibits sex discrimination in the operation or administration of community athletics programs for youth or adults. Third parties who receive leases or permits from the City of Bellevue for a community athletic program are also prohibited from discriminating on the basis of sex. In addition, the City of Bellevue does not discriminate on any other basis provided by Federal or State law. If you have questions or wish to file a complaint, contact Jon Wilson at JWilson@bellevuewa.gov, or 425-452-4278.



Registration Form

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For more information please call 425-452-6885 • FAX: 425-452-2910

See **Registration Steps** Page 9.

Mail completed form to: Bellevue Parks Registration ; PO Box 90012; Bellevue, WA 98009-9012 • Make checks payable to City of Bellevue

Please Print

Adult Last Name _____ First _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP _____

E-Mail Address _____ I do not wish to receive updates from Bellevue Parks & Community Services via email.

NOTE: If you check this box, you will not be notified of future registration opportunities by email.

(____) (____) _____
Work Phone Home Phone



Sign up to receive e-alerts via email!

Visit www.bellevuewa.gov and click on the e-Alerts icon for options and available lists.

Participant's Name	Use Scholarship?*	Date of Birth	M/F	Class Number	Class Title	Fee	Alternate Class No.
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	

Donation \$ _____ Designated area: _____ (we will contact you for clarification if needed)

Request for Accommodations: _____

*For scholarship information, call 425-452-6885, or see page 11.
Scholarship applications must be approved prior to registration.

Payment Details *Payment due in full at time of registration*

Payment Method

Check D.D.D. (send to Highland)

Credit Card Total Fee: \$ _____

Card Number _____

Expiration Date _____




CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume 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 City-sponsored activities. 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 to assert a claim against the City of Bellevue for negligence.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above. If you do not wish to sign the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

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Mail completed form to:
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Participant or Parent/Guardian Signature _____ Date _____

Printed Name: _____

Registration NOT VALID without signed waiver.