Highland Community Center

Mailing Address: PO Box 90012 Bellevue, WA 98009



Adaptive Rec Registration Form

ition	Adaptive Rec Registration Form						
forma	Last Name	First Nam	ne Date of Birth				
<u>Main Contact Information</u>	Street Address	City	State ZIP				
Cont	Email Address-By providing your email address, you will receive receipts and updates from Bellevue Parks & Community Services						
in	()		()				
Β	Primary Phone		Alternate Phone				
	Participant Name:		Registration Opens: Bellevue Resident: September 4th				
	Date of Birth:		Non-Bellevue Resident: September 11 th				
	INTELLECTUAL DISABILITY PROGRAMS NO CLASS: NOVEMBER 11 TH , 28 TH , 29 TH						
	Indoor Boccia	\$60(r) \$72(nr)	Morning-Arts & Crafts ** \$50(r) \$63(nr)				
	Sat 9am-11am	Sep 28 th – Nov 23 rd	Fri 11am-12:30pm Sep 27 th - Nov 22 nd				
	Hangout	\$50(r) \$63(nr)	Afternoon-Arts & Crafts ** \$50(r) \$63(nr)				
	Mon-Thu 3pm-5pm	Sep 23 rd - Nov 27 th	Fri 1pm-2:30pmSep 27 th - Nov 22 nd				
	Artistic Inspirations	\$72(r) \$88(nr)	World Rhythms ConcertFREE				
	Mon 5pm-7pm Social Club	Sep 23 rd - Nov 25 th	Mon 5pm-7pm September 16 th				
			Halloween Howl\$10(r) \$12(nr)				
	Mon 7pm-8pm	Sep 23 rd - Nov 25 rd	Fri 6pm-8:30pm October 18 th				
	Fitness		Holiday Dinner & Dance\$10(r) \$12(nr)				
	Tue/Thu 5pm-6:30pm Multi-Sport	Sep 24 th - Nov 26 th	Fri 6pm-8:30pm December 6 th North Bellevue Community Center				
			4063 148th Ave NE Bellevue, WA 98007				
	Tue/Thu 6:30pm-8pm Movie Time		Seafair CruiseFREE				
	Wed 5pm-7pm		Sealah Cluise				
	BINGO		Meet at Meydenbauer Bay Yacht Club				
	Wed 7pm-8pm	Sep 25 th - Nov 27 th	9927 Meydenbauer Way SE Bellevue, WA 98004				
	Virtual Trivia	\$50(r) \$63(nr)	Virtual BINGO\$50(r) \$63(nr)				
	Mon 7pm-8pm	Sep 23 rd - Nov 25 th	Wed 7pm-8pmSep 25 ^{th-} Nov 27 th				
	PHYSICAL DISABILITY PROGRAMS						
	NO CLASS: NOVEMBER 28 TH						
	PD Exercise		PD Exercise\$108(r) \$129(nr)				
	Tue & Thu 11am-Noon PD Brunch		Tue & Thu Noon-1:30pm Sep 24 th - Dec 5 th				
			Remember to sign the back				
	Tuesday 11am-1:30pmDecember 3 rd (r)= Resident of Bellevue(nr)=Non-Bellevue Residen		Registrations received without a				
	**Can only register for <u>o</u>	-	signed waiver <u>will not</u> be processed				

Highland Community Center Fall 2024 Registration

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE <u>PLEASE READ CAREFULLY</u>

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.

By signing below, I accept the conditions printed above, and by further initialing where indicated below, I acknowledge that I have carefully reviewed and understand the Concussion Information Sheet and Sudden Cardiac Arrest Information Sheet accompanying this Waiver of Liability / Release.

Parent/ Guardian Signature

Date

PRINTED NAME

_ I acknowledge that I have carefully reviewed and understand the Concussion Information Sheet

<mark>Initial</mark>

_____I acknowledge that I have carefully reviewed and understand the Sudden Cardiac Arrest Information Sheet Initial



Bellevue Parks & Community Services

Payment Details							
Payment Method							
	Check		D.D.A. (send to Highland CC)	MasterCard			
	Credit Card	Tote	al Fee: \$	VISA			
Car	d Number						
Expiration Date			CVV				

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