

Activities Registration

Camas Parks and Recreation (360) 834-5307

Our offices are located at Lacamas Lake Lodge, 227 NE Lake Road

Mailing Address: 616 NE 4th Ave., Camas, WA 98607

Office Hours: Monday - Friday 8:00am - 5:00pm

Register Online at: <https://register.cityofcamas.us>

Adult's Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Work Phone: _____ Email Address: _____
 Daytime Emergency Contact: _____ Phone: _____
 Participant Name: _____
 Birthdate: _____ Grade: _____ School: _____
 Please specify any physical, behavioral, or mental obstacle that may pose a challenge to your (or your child's) enjoyment in the activity:

CLASS CODE	ACTIVITY NAME	PARTICIPANT NAME	BIRTH DATE	FEE

GENERAL INFORMATION:

Registration: Registration is accepted on a first come, first served basis. Receipt of payment will reserve a place in the activity. Some activities have space limits. Register early to ensure your space.

Payment: Make checks payable to: City of Camas. Mail to: Camas Parks and Recreation, 616 NE 4th Ave., Camas, WA 98607. Or deliver to: Lacamas Lake Lodge, 227 NE Lake Road, Camas.

Cancellation: Cancellation of activity may occur due to low enrollment, weather conditions, or circumstances beyond our control. Registered participants will be notified of cancellation.

Refunds: Participants will receive a total fee refund if Camas Parks and Recreation cancels or postpones an activity, or when participant cancels before the second meeting of a series. Participants who do not show up for one day activities will not be given refunds. Sports League refunds: No refunds of team fees are given once league schedules are set. Player fees are not refundable after the second scheduled game.

Parent responsibilities: Parents may be required to sign their children in and out for youth activities. Transportation is not provided unless otherwise noted.

Photos: Activity participants may be photographed for promotional purposes related to Camas Parks and Recreation. If you do not wish for you/ your child to be photographed, please provide a written note to the Recreation Coordinator.

Sponsorship: Assistance is available to youth participants with financial need. Sponsorships are offered by the Friends of the Camas Community Center and can be requested by calling 834-5307.

Non Discrimination Policy: The City of Camas prohibits sex discrimination in the operation, conduct or administration of community athletics programs for youth or adults. Third parties who receive leases or permits from the City of Camas for community athletics programs are also prohibited from discriminating on the basis of sex. In addition, the City of Camas does not discriminate on any other basis protected by federal or state law, including race/color, creed (religion), national origin, sex, disability, use of a guide dog or service animal by a person with a disability, HIV/ AIDS or Hepatitis C status, sexual orientation/gender identity, or honorably discharged veteran and military status. If you have questions, wish to file a complaint, or require a reasonable accommodation for a disability; please contact Jennifer Gorsuch at 616 NE 4th Ave., Camas, WA 98607, phone (360) 817-1530.

WAIVER: I hereby acknowledge that I understand that in all activities of the City of Camas Parks and Recreation there are risks of accidents that could result in bodily harm. I understand that the City of Camas Parks and Recreation activities are planned with the utmost thought and prudence, and with the safety of participants in mind. I further acknowledge that I/my child have the physical capacity reasonably necessary to engage in the activity for which I/my child have registered for. However, I/my child do hereby waive all claims which I/my child might have against the City of Camas or any of its officers, agents, or employees by reason of bodily injuries which I/my child might suffer arising out of my/my child's participation in the program. In case of emergency, accident or illness, I give my permission for me/my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my/my child's behalf.

Participant's Name: _____ Date: _____

Parent/Guardian Signature: _____