

Camas Parks & Recreation

P.O. Box 1055 • 1718 SE Seventh Ave. • Camas, WA 98607

Recreation Information 834-5307 • Community Center, Parks Information 834-7092

Fax Number 817-1545 • Web Address: <http://www.ci.camas.wa.us>

Office Hours: Monday - Friday 9:00 am - 5:00 pm

ACTIVITY REGISTRATION FORM

Adult's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ e-mail Address _____

Daytime Emergency Contact: Name _____ Relation _____ Phone _____

CLASS CODE	ACTIVITY NAME	PARTICIPANT NAME (IF CHILD)	BIRTH DATE & YEAR (IF CHILD)	FEE

Please specify any physical, behavioral, or mental obstacle that may pose a challenge to your (or your child's) enjoyment in the activity.

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, P.O. Box 1055, Camas, WA 98607. Or deliver to: Camas Community Center, 1718 SE 7th Ave., 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.

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 child's behalf.

Visa Mastercard Card # _____ Expiration Date _____

Card Holder Signature _____

Participant's Name _____

Parent/Guardian Signature _____ Date _____