

REGISTRATION INFORMATION

HOW TO REGISTER

1. **ONLINE:** www.biparks.org. Register any time of day! Your registration is processed immediately, and you can print a receipt.
2. **Mail in:** Mail the completed form and a check to: 11700 NE Meadowmeer Circle, Bainbridge Island, WA 98110.
3. **Call:** To register for any class, call the Bainbridge Island Aquatic Center Monday through Friday 5:00a-8:30p and Saturday 7:30a-4:00p (206-842-2302).

MAIL-IN/DROP-OFF REGISTRATION FORM

1st Adult payee in household: Last Name _____ First Name _____ Phone (h) _____ (w) _____

2nd Adult payee in household: Last Name _____ First Name _____ Phone (h) _____ (w) _____

Mailing Address _____ street _____ city _____ zip _____

Email Address (please print) _____

I understand that participation in the Class involves inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner, and I hereby assume all responsibility for my and/or my child's safety when participating in the Class. Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

In consideration for my acceptance or my child's acceptance as a participant in the Class, I hereby agree: to assume the risks of the activities in which I participate or my child participate in the Class; to waive and forever release Bainbridge Island Metropolitan Park and Recreation District (BIMPRD) and its employees and agents from any and all claims (including those for bodily injury) arising out of or relating in any way whatsoever to my participation in the Class, even though said claims may arise out of the negligence of BIMPRD and its employees and agents; to limit BIMPRD's liability to the applicable limits of BIMPRD's applicable insurance policy if the foregoing waiver and release is deemed unenforceable; to defend, indemnify and hold BIMPRD and its employees and agents harmless from and against any and all claims (including those for bodily injury), losses, damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my participation in the Class, my failure to comply with any of the obligations under this document, or my failure to provide all relevant medical information. The District also reserves the right to require written clearance from a health care provider before allowing a person to participate in a certain activity.

I give BIMPRD permission to photograph and videotape me or my child (listed below) while participating in the Class. I authorize BIMPRD to use such photographs and videotapes to promote its programs and classes, and I waive any and all claims to compensation for such usage. I acknowledge and agree that all such photographs and videotapes will belong to BIMPRD.

Signature - Adult Participant or Guardian _____

Date _____

REFUND POLICY

Refunds will be in the form of a credit to your household account unless you request a check.

- Programs canceled by the Park District will receive a full refund.
- Refunds will not be granted for requests made after the program is over even with a doctor's note.

Unless a doctor's note is received, the following refund policy applies:

- Requests made 7 days or more prior to start of the program will receive a full refund less a \$10 service charge. The seven-day period does not include the day the class begins (i.e. the seventh day is the day before the class starts). Counting backwards to the first day, a refund request must be received no later than midnight before the first day of the seven-day period.
- No refunds will be granted if requests are received less than 7 days before the start of the program.
- No refunds will be granted if requests are made once the program has started.

CLASS # Activity Section	CLASS NAME	DAY(S)	CLASS TIME	PARTICIPANT NAME		SEX	GRADE	BIRTHDATE	CLASS FEE
				First	Last			/ /	
								/ /	
								/ /	
								/ /	
								/ /	
								/ /	
								/ /	
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Off-island residents add \$6 per class \$ _____

For your protection we no longer accept credit card payments by mail.

Applicable 9.1% sales tax (for activities with % symbol) \$ _____

Total \$ _____

Helpline Eligibility: All classes are eligible for Helpline vouchers with the exception of the swim and gymnastic teams. Aquatic Center passes are also part of this program.