

How to Create an Account

with the Bainbridge Island Metro Park & Recreation District

1) Go to the online portal at: <u>Home | Bainbridge Island Metro Park &</u> <u>Recreation District</u>

Bainbri Metro Parl	dge Island & Recreation District	Sign In Create an Acc
Home Activities Reserva	ions Memberships	📜 My Cart
Home > Sign in		
Check to see if you have	an account by selecting Sign In or Forget Password with have an account, please select Create an Account or	your email address. If you don't Join.
	Sign in	
	Email address	
	Enter your Email address	
	Password	
	I'm not a robot	
	Sign in	

3) If you already have an account, click on <u>Sign In</u> or <u>Forgot Password</u>. Please don't create another account if you already have an existing one. If you get an error message when signing in that reads "incomplete information", you may be missing required information. Please contact our customer service desk for help.

Bainbridge Metro Park & Re	Island creation District	Sign In Create an Account
Home Activities Reservations	Memberships	📜 My Cart
Home > Sign in		
Must have an accour Check to see if you have an ac hav	nt to register for activities, purchases memberships count by selecting <mark>Sign In or Forget Password</mark> with ve an account, please select Create an Account or	s or make reservations. h your email address. If you don't Join.
	Sign in Email address Enter your Email address Password	
	Sign in	

Don't have an account? Join

4) Enter your **Email address** in the field provided and click **Next**



4) Enter your <u>First and Last name</u>, <u>Date of Birth</u>, select <u>Head of</u> <u>Household</u>, if you are the head of your household, <u>Country</u>, <u>create/confirm a password</u>, <u>accept Terms of Use</u> & click "<u>Next</u>" to advance.

Sign u	р				
* Required fields					
Email address Parker7686@em	ail.com Cha	ange			
First name *		L	ast na	me *	
Parker			Bainbr	idge	
Date of birth *					
April	•	18	•	2000	•
Deceword *					
Password *	be 8 or more , uppercase,	e cnara , nume	icters, a	ind contai special cl	n three of haracters.
Password *	be 8 or more , uppercase, rord *	e cnara , nume	icters, a	ind contai special cl	n three o
Password * Passwords must these: lowercase Confirm passw Yes! Please emo Sigland Metro Pa Distance Metro Pa Distan	be 8 or more e, uppercase, rord * ail me the later account, I acce rk & Recreatio	e chara , nume st Park [apt the] n Distric	District n Pistrict n Terms of t and l a	ing contai special cl ews and up <u>Use</u> of Bain m aware of	n three of haracters. dates. bridge <u>My Privac</u> y
Password * Passwords must these: lowercase Confirm passw Yes! Please ema Yes! Please ema System detro Pa Rights. y creating an a Copyright Police	De 8 or more , uppercase, ord * ail me the lates account, I acce rk & Recreatio account, I acce g and I am awa	e chara nume st Park I spt the] spt the] spt the] spt the]	cters, a ric, and District n i <u>erms of</u> <u>ierms of</u>	ews and up Use of Bain m aware of Use, Active Rights.	n three o haracters. dates. bridge <u>My Privac</u> y Network's

5) Fill out your <u>Gender</u>, <u>Street address</u>, <u>City</u>, <u>State</u>, <u>Zip</u>, <u>Primary phone</u>, <u>Text</u> (or cell) number phone.

Sign ι	ıp		
* Required field	is		
Personal Ir	nformation		
Gender *		Customer Type *	
Male	•	General Public	•
Medical alert			
Contact In	formation		
Contact In Street Addres 7686 High So Address line	formation ss * chool Road NE		
Contact In Street Addres 7686 High So Address line	formation ss * chool Road NE 2 State *	Zip Code	
Contact In Street Addres 7686 High So Address line : City * Bainbridge	formation ss * chool Road NE 2 State *	ZIp Code	•
Contact In Street Addres 7686 High So Address line City * Bainbridge Primary phon	formation ss * chool Road NE 2 State * WA e *	Zip Code	•
Contact In Street Address 7686 High So Address line : City * Bainbridge Primary phon 2068420501	formation ss* chool Road NE 2 State* WA e*	ZIp Code	•
Contact In Street Address 7686 High So Address line : City * Bainbridge Primary phon 2068420501 Text Number	formation ss* chool Road NE 2 State* WA e*	ZIp Code 98110 Operator	•
Contact In Street Address 7686 High So Address line 2 City * Bainbridge Primary phon 2068420501 Text Number 2068420501	formation ss * chool Road NE 2 State * WA e *	ZIp Code 98110 Operator Please s	•

6) Optional to provide <u>Emergency Contact information.</u>

In case of	f emergency, o	contact:
Although not rec least one emerg	uired, we strongly recor ency contact person.	mmend specifying at
Your emergency the same house local area.	contact(s) should NOT t hold, but rather an altern	e a contact within ate contact in the
PLEASE NOTE: 1 we cannot reach or guardian) that	The emergency contact i the primary household we already have on file	s only contacted if contact (e.g. parent
Emergency	contact 1	
First name	Lest ne	me
Relationship		
Area code	Primary phone	Extension
	-	-
Area code	Other phone	Extension

7) When you have completed providing your information, indicate "<u>l'm not</u> <u>robot</u>" and select "<u>Create Account</u>" to complete your account set-up. Also, the option to "Create account and add a family member" prior to completion.



8) You will receive an email to confirm your account. Once confirmed you are all set!