KENT PARKS, RECREATION AND COMMUNITY SERVICES—PROGRAM REGISTRATION FORM

Parent/Account Holder's Name:_____

Address:_____ City: _____ Zip: _____

206 253 360 425
Home Phone:_____ 206 253 360 425 Mom Work Ph: _____ 206 253 360 425 Dad Work Ph: _____

E-Mail Address:_____ ❑ Check if new address ❑ New phone

Ethnicity/Race (Optional) Please select one: ❑ Asian ❑ Black or African American ❑ Hispanic or Latino ❑ White

❑ Native Hawaiian or other Pacific Islander ❑ American Indian or Alaska Native ❑ Other ❑ Two or More Races

Participant Name	Birthdate	M/F	Grade	School	Course #	Class/Program	Dates	Days	Times	Fee

CLASS/PROGRAM TOTAL:	
❤ SPECIAL NEEDS DONATION:	
★ SCHOLARSHIP FUND DONATION:	
Technology Fee	$1.00
GRAND TOTAL	

*Effective 2012 a $1 technology fee is being applied to support systems that provide convenience and efficient service delivery.

Help support your community by making a tax-deductible donation to:

❤ **Special Gifts for Special Needs:** Supports Adaptive Recreation activities.

★ **Scholarship Fund:** supports qualified low-income families participating in Recreation programs. *Thank you!*

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Kent informational or promotional use.

(Please indicate card and number)

VISA MasterCard

_____ _____
Card # Expiration Date

_____
Please print name as it appears on the card.

_____ _____
Signature of Participant (Parent/Guardian, if minor) Date

Mail fee and registration form to: Kent Parks, Recreation & Community Services, Kent Commons Registration • 525 Fourth Ave. North • Kent, WA 98032-4497
Phone: (253) 856-5000 • Fax: (253) 856-6000

DO NOT SEND CASH

pkkcW05414_4_12