PARKS & RECREATION

Program/Class Registration

Name (Payee): _____ E-Mail Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: (___) _____ Work Phone: (___)_____ Cell Phone: (___)_____

Emergency Contact: _____Relationship:_____ Phone: ( )_____

Participant Name	Age	Birthdate	Program/Class	Fee
			Program/Class Total:	

We look forward to your participation in our program/class. There are a few things we'd like to make you aware of so that this can be a pleasurable experience for all involved.

RESERVATIONS

Classes are filled on a first-come, first-served basis.
We accept cash(exact amount), personal checks and credit cards (MC or Visa. Checks are to be made out to City of Maple Valley.
Payments can be made by phone, mail, in person or by fax.
This form must be submitted with payment or it cannot be processed.

CANCELLATIONS

If the program/class minimums are not met three (3) business days prior to the start of the class/program it will be canceled. Please be sure your contact information is correct so that we may notify you. You may call us at any time to confirm your registration.

REFUND POLICY:

- 100% REFUND if class is cancelled by Parks & Recreation
- A full refund if request is made five (5) business days prior to start of class, less $10 administration fee per registrant per class.
- Class withdrawal requested less than five (5) business days prior to the start of class will result in a 50% refund of the class/program fee less a $10.00 Administration fee per registrant per class/program.
- No refunds for classes/programs costing less than $10.00
- No refunds will be issued after class has started.

WAIVER

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 Maple Valley, 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 in 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 Maple Valley information or promotional use.

QUESTIONS:

You can reach us by phone; 425-432-9953 or e-mail; parks@maplevalleywa.gov
Visit our website for more information: www.maplevalleywa.gov

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

Mailing Address: Parks & Recreation Department
P.O. Box 320
Maple Valley, WA 98038

In Person: Lake Wilderness Lodge
22500 SE 248th St.
Maple Valley, WA 98038

Fax: Available for credit card payments.
425-432-9974

Credit Card ☐ MC ☐ Visa **Card number #**: Exp. Mo/Yr