Registration Form

Walk In Scan / Email In

Robert Miller Gymnasium:

Located behind Daffodil Valley Elem. School (15206 Daffodil St Ct E Sumner)

Scan form to: recreation@cobl.us
Call with Visa/MC information after emailing your form.

Phone (253) 891-6500

Mail In

Complete & Return To:

City of Bonney Lake Rec Dept. 9002 Main St E, Suite 200 Bonney Lake, WA 98391

Parent or Guardian Full Na	ame: _							
Street Address:					City: Zip:			
Contact Phone #1: ()					Contact Phone #2: ()			VISA
E-mail (please print clearly								
Reside In: Sumner/Bonney Lake School District Boundaries Bonney Lake City Limits								MasterCard
*Dieringer School District Student (Add \$9 per program) Other Locations (Add \$9 per program)								n)
Participant Name	Age	Grade	School	Gender M/F	Time/Session	I	Activity Description	\$\$ Fee \$\$
If applicable, would you like to coach? Coach/Friend Request:								
Sub-total								\$
<u>Please check appropriate t-shirt size:</u> (if applicable) NOTE: T-shirts tend to run small *Non-Resident Fee:								
Youth X-Small (2-4)Youth Small (6-8)Youth Medium (10-12)Youth Large (14-16) Total Amount Enclosed:								\$
Adult Small (34-36)Adult Medium (38-40)Adult Large (42-44)Adult X-Large (46-48)								
I assume all risks and hazards of the conduct legal actions, financial or otherwise, against in the release. I grant full permission to use discriminate on the basis of sex, race, creed of any sensory, mental or physical disability. In signing below, I attest that as a participant or our household has any concerning symptoms list headache, fever of 100.00 or higher or a sense of sore throat.	the City of any photog , religion, c , or the use parent/guard ed below, or	f Bonney Lak graphs, video to color, national cof a trained of lian of a progra r has a known p	te. In absence tapes, motion I origin, age, dog guide or am participant, positive Covid-	e of signature pictures, rechonorably deservice anin I will not atter 19 case. Con	re, payment of fee and/or par cordings, or any other records lischarged veteran or military aal by a person with a disabil end class or allow my child to at cerning symptoms disallowing I	rticipation in the s of this program y status, sexual lity in its progra ttend class if I/we participation in c	e program shall constitute acceptance of the n for promotional purposes. The City of B orientation including gender expression or ams and activities. The have any of the concerning symptoms noted lass/camp or program (per Washington DOH §	ne conditions set forth conney does not r identity, the presence below, or someone in guidelines): Cough,

We provide reasonable accommodations for those with disabilities. Please contact the Recreation Office two (2) weeks in advance of program start date to discuss any special accommodations necessary. Accommodations

Registration Information - Please Read

will be determined on a case by case basis.

•Pre-registration and payment of fees in advance is required for all programs. Please put dates/times of all clinics, camps and classes on your calendar and attend as you will <u>not</u> receive a reminder notification. League registrations will receive phone notification from the coach detailing practice schedules.

Signature of Participant or Parent/Guardian if Participant is under 18 years of age

- •Register by mail, e-mail or fax. No telephone registrations accepted.
- •Confirmations and/or receipts are not sent in response to registrations.
- •Registrations are processed on a first-come, first-served basis. If the class is full when we receive your registration form, we will call you.
- •Please make checks payable to City of Bonney Lake (COBL). A \$35 service fee is incurred for all checks returned NSF (non-sufficient funds).
- •All program fees include applicable sales taxes.

- •Classes are subject to cancellation if minimum enrollment is not met. For classes postponed, rescheduled or cancelled, a full refund will be made. No refunds issued for missed classes, camps or clinics. All other refunds incur a \$20 processing fee plus any other expenses. Refund requests must be in writing to: recreation@cobl.us
- •This class schedule is published for information purposes only. The Recreation Department reserves the right to make any necessary changes in the content and provision of the class descriptions or schedules without notice.
- *To qualify for a Resident Fee, families & youth must attend Sumner-Bonney Lake School District schools or live within the City of Bonney Lake. All other addresses are considered non-residents & require an <u>additional \$9 fee per offering/per child.</u>

Recreation Staff:

Alex Latham, Recreation Supervisor Laura Zerr, Recreation Coordinator Lisa Tenney, Recreation Coordinator



