

REGISTRATION

Parks and Recreation Office Hours

Monday – Friday 8:00 am to 4:30 pm, closed holidays
 Phone: (360) 337-5350
 Fax: (360) 337-5385

Pre-Registration

Pre-Registration is required for selected Parks & Recreation programs. We must receive full payment at the time of registration

Confirmations

When paying by Visa or MasterCard, we will mail your receipt. If a program is canceled due to instructor illness or low enrollment, we will make every attempt to contact you.

Minimum Enrollment

Kitsap County Department of Parks and Recreation (KCDPR) reserves and exercises the right to cancel a program if the minimum enrollment is not met. Classes are cancelled 72 hours in advance should the minimum enrollment not be met.

Customer Satisfaction Guarantee

If you cannot attend a program as planned, we can provide a full refund for any reason if given three days notice prior to the first program meeting. If you contact us less than three days in advance, you are entitled to a program credit or transfer to the same program instructor; valid for six months in the same calendar year. If you contact us after the program has occurred, you are not entitled to a class credit or transfer of any kind. Refunds will be given in full if KCDPR cancels the program. Refunds are processed the last day of the month and will be mailed to the address stated on your registration form.

Name of Parent/Guardian: _____
Mailing Address: _____ _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____
Email Address: _____

PAYMENT INFO	
Total Amount Enclosed: _____	
Payment Type: <i>Please Circle</i> Check Cash Money Order Visa MasterCard	
Name on Card: _____	
Card #: _____	
Exp: _____ CID#: _____ <i>(3 digits on back of card)</i>	

First Name	Last Name	Birth Date	M/F	Activity #	Activity Name	Date/Time	Registration Fee

RELEASE OF LIABILITY REQUIRED FOR ALL PARTICIPANTS: I hereby waive release and discharge any claims for damages against any person or entity in any way involved with this program, including but not limited to Kitsap County and the Kitsap County Department of Parks and Recreation (KCDPR), which may arise as a result of my or, if signing for my child, my child's participation in this KCDPR program. This release is intended to discharge the persons and entities mentioned above of any and all liability in connection with mine or, if signing for my child, my child's participation in the program. It is further understood and agreed that this waiver, release and assumption of risk has been freely entered into and is to be binding on our heirs. I hereby give my consent for my child to participate in the program being conducted by KCDPR, and I declare that I will not hold Kitsap County, KCDPR, its employees, or any volunteer associated with the program responsible for any injuries, damage, or personal loss incurred while participating or in connection with in said program.

Signature

Date