



KALAMA PARKS & RECREATION CLASS REGISTRATION

Participant Information:

(Please fill out separate application for each participant – you may reproduce this application)

Name: _____ DOB: _____

Address: _____ Phone: _____

Email address: _____

How did you hear about the classes? _____

Class Information:

(Payment must be made in advance for each class – instructors are not able to accept payments on behalf of the City. Some continuing classes may be purchased in 10 session blocks to be used over a six month period.) If not listed please add class you would like to attend.

X	Class Description/Instructor	Location	Days	Time	Dates – Please Enter	Fees
	YOGA 6 weeks 2x a week	Kalama Community Building	Tues – Thurs.	9 – 10 a.m.		\$50
	YOGA – 8 weeks		Wed - Evening	5:30 – 6:30pm		\$30
	Zumba w/Michele Pellock	Kalama Community Building	Mon	9 – 10 a.m.		\$50
	Zumba w/Michele Pellock	Kalama Community Building	Tue – Thurs.	6 -7 p.m.		\$50
	Punch Card Zumba		10 Class sessions			\$50
	Punch Card YOGA		10 Class sessions			\$50
	Community Education	Write in Class name			Write in Date	\$ see flyer

Total Class registration fee: \$ _____
(Payable to Kalama Parks & Recreation with registration)

Materials fee (if applicable): \$ _____
(Payable to the class instructor first day of class)

I understand I am solely responsible for myself and my personal property should I choose to participate in any Parks & Recreation event. I understand that the class registration fees are not refundable if I choose not to attend all or part of any classes in which I am registered. Should a class be cancelled due to lack of enrollment any monies paid by me shall be returned to me by the department. Should a class be cancelled due to weather or other unforeseen circumstances outside of the City of Kalama's control, an alternate date and time for the class will be set. Unless otherwise noted, transportation to and from the classes will be my sole responsibility. If a minor (under 18 years old) is registering for a class or event, my signature verifies my legal ability to give permission for the minor to attend the class. Furthermore, unacceptable behavior at any class or event will result in the immediate dismissal from class without return of remaining monies paid for the class. I also understand that this registration does not guarantee my place in the class I am requesting, and notification of my acceptance into the class will be sent to the address as listed on this form. I assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless the City of Kalama, staff, volunteers, and properties from any and all liability that may arise out of my participation or any minor's participation authorized by me. I accept these terms and conditions with the submission of this form electronically by inserting my name below.

Signature: _____ Date: _____

Name printed: _____ Relationship to participant: _____

Office Use Only

Payment received: Date: _____ Method of Payment: _____ Receipt No. _____

Accepted into class: yes no: (reason): _____

Money returned: (date): _____ Initials:) _____