

# KENT PARKS, RECREATION & COMMUNITY SERVICES

## PROGRAM REGISTRATION FORM



### IN-PERSON

Kent Commons, 525 Fourth Ave. N  
(Corner of 4th and James)  
Monday-Friday, 8 a.m.-5 p.m.



### PHONE

Call the Kent Commons directly at **253-856-5100**.  
Have charge card and guide handy! Please complete  
form before you call. Monday-Friday, 8 a.m.-5 p.m.



### MAIL

Send completed form and payment to Kent  
Commons Registration, 525 Fourth Ave. N, Kent, WA  
98032-4497. Make checks payable to City of Kent.  
Allow 3 days for mail delivery. Do not send cash.



### FAX

Fill out registration form. Include card number and  
expiration date. Send to Kent Commons at  
**253-856-6000** 24 hours/day (will be processed the  
next working day; handled as mail-in registration).

**Please Be Advised: Some classes will fill quickly. In-Person registration will receive priority. Mail-in registrations will NOT be processed until first day of registration.**

### POLICY

1. Register early to ensure likelihood of placement in class of first choice.
2. Registration is processed on a first come, first served basis.
3. For registrations received via mail or fax, you will be called for a second choice if your desired class is filled.
4. Confirmations are available upon request.
5. The Kent Parks Department has the right to change content and provision of classes.
6. There will be a \$25 fee for returned checks.

### REFUNDS/CREDITS

1. Full refunds will be given for any classes postponed, rescheduled or cancelled by the Department.
2. A \$5 service fee will be deducted from every approved refund.
3. Three days notice prior to class start date required on all requests for refunds or transfers.
4. No refunds will be given after one-half of program is over.
5. No refunds/transfers will be given for one-day workshops or classes once completed – no exceptions.
6. Some programs have specific refund policies. Please check prior to registration.

### SPECIAL NEEDS

1. Individuals with special needs are encouraged to participate in any program.
2. If you have needs requiring special services, indicate this on registration form. For TDD users, call **1-800-833-6388**; Telebraille, **1-800-833-6385**; and Voice, **1-800-833-6384**. This service is provided by Washington State Telecommunications Relay Service at no cost except long distance charges.

### SCHOLARSHIPS/FINANCIAL ASSISTANCE

Kent Parks, Recreation & Community Services is dedicated to enriching lives. A goal within that mission is to ensure that every pre-school child and school-age youth residing within the City of Kent or Kent School District has full access to a wide variety of recreational opportunities regardless of family income or ability to pay. Applications for assistance are available at the Kent Commons. Residency and other restrictions apply—please call the Kent Commons directly at **253-856-5100** for more information.

Parent/Account Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Guardian/Parent Work Ph: \_\_\_\_\_ Guardian/Parent 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

<p><i>Help support your community by making a tax-deductible donation to:</i></p> <p><b>♥ Special Gifts for Special Needs:</b> Supports Adaptive Recreation activities.</p> <p><b>★ Scholarship Fund:</b> supports qualified low-income families participating in Recreation programs. <i>Thank you!</i></p>	<p style="text-align: right;">CLASS/PROGRAM TOTAL:</p> <p style="text-align: right;">♥ SPECIAL NEEDS DONATION:</p> <p style="text-align: right;">★ SCHOLARSHIP FUND DONATION:</p> <p style="text-align: right;">*Effective 2012 a \$1 technology fee is being applied to support systems that provide convenience and efficient service delivery. Technology Fee \$1</p> <p style="text-align: right;">GRAND TOTAL</p>
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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)*

\_\_\_\_\_

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 Avenue North • Kent, WA 98032-4497**  
**Phone: 253-856-5100 • Fax: 253-856-6000**  
**DO NOT SEND CASH**