



Longview Recreation Class Registration Form

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|---|---------------|----------------------------------|--------------|
| Adult Name (Last) | | First | (M.I) |
| Address | | | City |
| Zip | | | |
| Day Phone | Evening Phone | Emergency Contact Name / Phone # | |
| Email Address (Required to register online) | | Resident | Non-Resident |

| Session # | Activity Name | Fee | Participant Name (First Last) | Date of Birth | M/F |
|-----------|---------------|-----|-------------------------------|---------------|-----|
| | | | | | |
| | | | | | |
| | | | | | |

\$ _____ Total

Sign the Waiver

- Please notify the department two weeks in advance if the above participant has a disability needing special arrangements, assistance, or any condition which would limit the participant in this activity.
- The City of Longview does not provide medical or accident insurance coverage and is not responsible for personal articles lost or stolen.
- I allow photographs taken during City programs to be published without limitation for non-commercial purposes.
- I agree to abide by and follow the activity and registration policies and procedures.
- Assumption of Risk, Waiver and Release

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities, I hereby assume all risk of injury, damage, liability and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Longview, their officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity, except for the sole negligence of the City of Longview.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release and that I join the release without reservation, granting full consent and authorization for the above named person to participate in the activity.

Signature: _____ Date: _____

Signature of: Parent Guardian Participant

Checks payable to: **City of Longview**
OR fill in Credit Card Information:



Card#: _____

Exp. Date: _____

3 Digit Code: ___ ___ ___

Signature: _____



Vision

Creating community through People, Parks and Programs.

Mission

To build a healthy community by providing high quality recreation and park services for everyone.

Core Values

Excellent Service, Play & Creativity, Lifestyle Enrichment, Unity & Collaboration, Conservation

State Sales Tax

State of Washington sales tax is included for taxable activities and programs.

Department Refunds & Satisfaction Guarantee

Your satisfaction is our top priority! Longview Parks & Recreation is committed to offering quality service to everyone with our 100% satisfaction guarantee. If you are dissatisfied with your experience, notify the recreation office in writing prior to the second class to request a full refund. A

Exceptions to the above are to the discretion of the Parks & Recreation Director.

Full refunds will be issued to any participant registered in a program canceled by Longview Parks & Recreation.

Participant initiated refunds may be granted if the department is notified in writing 3 working days before the first class. No participant initiated refunds are available for one day classes, team athletics, trips or special events.

All participant initiated refunds are subject to the Recreation Manager's, or designee's, approval. All refunded registration can be donated to our scholarship fund, or refunded within 30 days after approval. A \$5 processing fee will be assessed for all refund requests.

Refund request forms can be found online at www.mylongview.com/recreation under forms or are available at the Recreation Office.

El Centro de Apoyo Etnico

Si usted necesita servicios de traduccion, por favor llame a la encargada de la oficina de la Ethnic Support Council, Jovita Potter al 636-2791. La oficina del Ethnic Support Council, localizada en al 311 Oak St. en Kelso, esta abierta de las 9 a.m. hasta las 5 p.m. de Lunes a Viernes menos los dias festivos federales. ESC, una agencia donde no sin ganancias, provee un banco de lenguas para ayudar con casos medicos, educacionals, salud mental, en-tranamiento de trabajos, y otras citas. ESC tambien provee informacion y referencias sobre emigrantes/ refugiados, talleres culturales y su Festival Internacional Anual y other actividades. El comite de directores se juntan a las 6 p.m. cada segundo Miercoles del mes. El publico es bienvenido.