

Biddy Sports Programs

Ages 3-6

Give your child the opportunity to participate in sports through 3 different programs designed to develop basic motor skills, teaching age appropriate fundamentals. You can choose from Soccer, T-ball, or Basketball, or you can sign-up for all three classes. This program is a Parent/guardian participation required program, which will offer quality bonding time with your children.

Highland Community Center

Resident: \$40 **Non-Resident:** \$48

Saturdays

Soccer

#64061	9-9:45am	January 21 – February 11
#64062	11-11:45am	February 18 – March 10
#64063	10-10:45am	March 17 – April 7

T-Ball

#64076	10-10:45am	January 21 – February 11
#64077	9-9:45am	February 18 – March 10
#64078	11-11:45am	March 17 – April 7

Basketball

#64049	11-11:45pm	January 21 – February 11
#64050	10-10:45pm	February 18 – March 10
#64051	9-9:45pm	March 17 – April 7

Register today for Biddy Saturday Sports & other Youth Sports & Fitness Programs!

**425-452-6885 or online at
MyParksandRecreation.com**





Bellevue Parks & Community Services
P.O. Box 90012, Bellevue, WA 98009-9012

Registration Form

10-day Registration Preference for Bellevue Residents • Registration Begins November 7, 2011

For more information please call 425-452-6885 • FAX: 425-452-2910

Mail completed form to: Bellevue Parks Registration ; PO Box 90012; Bellevue, WA 98009-9012 • Make checks payable to City of Bellevue

Please Print

Adult Last Name _____ First _____ Date of Birth _____



ALERTS

Sign up to receive e-alerts via email!

Street Address _____ City _____ State _____ ZIP _____

E-Mail Address _____

I do not wish to receive updates from Bellevue Parks & Community Services via email.
NOTE: If you check this box, you will not be notified of future registration opportunities by email.

Visit www.bellevuewa.gov and click on the e-Alerts icon for options and available lists.

() _____
Work Phone

() _____
Home Phone

Participant's Name	Use Scholarship?*	Date of Birth	M/F	Class Number	Class Title	Fee	Alternate Class No.
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	

Donation \$ _____ Designated area: _____ *(we will contact you for clarification if needed)*

Request for Accommodations: _____

***For scholarship information, call 425-452-6885.**

Scholarship applications must be approved prior to registration.

Payment Details *Payment due in full at time of registration*

Payment Method

Check D.D.D. (send to Highland)

Credit Card Total Fee: \$ _____



Card Number _____

Expiration Date _____

Non-resident registrations are not accepted prior to the first day of non-resident registration. Registrations received from non-Bellevue residents will be accepted, beginning November 16, 2011.

Mail completed form to:

Bellevue Parks Registration; P.O. Box 90012; Bellevue, WA 98009-9012

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action to assert a claim against the City of Bellevue for negligence.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

Participant or Parent/Guardian Signature _____

Date _____

Printed Name: _____

Registration NOT VALID without signed waiver.