Registration

REGISTER ONLINE

www.metroparkstacoma.org 24-hour convenience

MAIL-IN

Send form and payment by check, VISA, MasterCard or Discover. No cash. 4702 S. 19th, Tacoma WA 98405

FAX-IN

Fax 253-305-1005 with VISA, MasterCard or Discover payment.

PHONE-IN

Call 253-305-1022 during business hours and pay with VISA, MasterCard or Discover.

Payor's Name		Date of !	Birth				
Address							
Email Address				Day Phone ()_			
PARTICIPANT'S NAME	5 DIGIT COURSE # OR FACILITY	DATE OF BIRTH	ACTIVITY NAME	START DATE	TIME	FEE \$	
	CH THEILE	Of Diagram					
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DI EASE CHECK	IF YOU REQUIRI						
SPECIAL ACCO					TOTAL	\$	
FORM OF PAYMENT	OFFICE USE ONLY	P	D \$	RECEIPT	#:	_	
☐ Cash, walk-in only☐ Check							
☐ Credit Card	CREDIT CARD INFORM	MATION:					
☐ Mastercard	Cardholder Name						
□ VISA	Exp. Date						
☐ Discover	Card Number	Card Number TOTAL ENCLOSED: \$					
CREDIT CARDS: Class registration is ava	ailable by using VISA/MC/Discover	cards only. Be sure to h	lave the participants' names, birth	ndates, phone numbers and credit	card information	ready prior to	
CREDIT CARDS: Class registration is availing. A confirmation receipt will be mail							
CONFIRMATION: Receipts will be maile and your money will be credited to your							
AMERICANS WITH DISABILITIES ACT: services accessible to people with disabil		ans with Disabilities Act	ι (ADA), the Recreation Division ν	will make reasonable accommoda	ations to make p	rograms and	
REFUND POLICY: Metro Parks Tacoma	a (Centre at Norpoint) may apply	and communicate speci	al refunding conditions for activit	ties, which may result in the custo	mer receiving a	refund of less	
than the amount paid. See the description Cancelled Program: When an act	on or notice on your receipt. INO I civity is cancelled by Metro	Parks Tacoma (Cen	tre at Norpoint), the registr	rant will receive a full refun	d or credit on	their	
account. Teams/Leagues: No refunds will	be granted to participants	or teams after the s	scheduled has been formed	l.	مارين مام مطالب عادي		
Satisfaction Guaranteed Refund request in writing prior to the last day of the class	s must be made in writing stating ss/activity.	the reason for the requ	lest. After the start of the activity	y refunds may be granted on a pri	o-rated basis wii	en requestea	
RELEASE OF LIABILITY:	to a late has been a point the Metron	- litera Dauly District of Tax	its bired are contracted income	ent are and the six ampleyage and age		-II initializa on	
I waive all rights and release all claims that losses which may be suffered because of I							
I consent to my, or my child's or children' employees or agents to provide emergen	s participation in the activity/progr ncy treatment for me, or my child	ram of the Metropolitan or children on my behalf	Park District of Tacoma, and auth	iorize the Metropolitan Park Distric	ct of Tacoma and	its	
I give my permission to have my photo o of my name, likeness and voice or those the Metropolitan Park District of Tacoma exhibition, promotion or advertising of th	r the photo of my children or child of my child or children without m and its agents from any and all cl	d taken during classes us onetary compensation in laims for damages for lib	ed for publicity purposes by the N n connection with any Metropolita el, slander, invasion of the right o	Metropolitan Park District of Tacom an Park District of Tacoma publicity of privacy and any other claim arisi	na. I consent to t y, and expressly r ng out of any bro	the use elease padcast,	
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METRO PARK	ne Metropolitan Park District of Ta	ICOTTId.					