

Summer 2009 Registration Form

REGISTRATION PROCEDURES

Walk in: Monday through Friday 1:00 – 5:00 pm
Drop off: Anytime, secure drop box outside Island Rec's Office
Mail in: Island Rec, P.O. Box 1946, Friday Harbor, WA 98250
Payment: Enclose with registration. Cash, check or money order.
Forms: Additional forms can be printed off - www.islandrec.org

Staff only:
 Additional Program Information/Supplies?
 Supplied date _____ Initials _____

Am I in? Once we have your registration and payment, you are enrolled! You will hear from us only if the class is full or there is a change to the program.

Refunds: If Island Rec cancels the class you will receive a full refund. Participants requesting a refund before the deadline date of a class are entitled to a refund less an \$8 service fee (if no deadline, 4 full weekdays notice required.) Refunds are not available after that date. \$25 NSF charge on returned checks. No refunds on Trips and Tours.

Register Early! Classes will be cancelled if minimum enrollment is not met by the deadline date.

PARTICIPANT INFORMATION

| First Name (please print) | Last Name (please print) | Grade in Sept '08 | Birthdate M/D/Y | M/F | Program # | T-Shirt Size | SJ Island Resident Prog Fee | Non Resident Prog Fee |
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| Total Cost of Programs | | | | | | | \$ | \$ |
| Make a tax deductible donation to Island Rec here (a receipt will be mailed to you) | | | | | | | \$ | \$ |
| Checks payable to Island Rec. TOTAL PAYMENT | | | | | | | \$ | \$ |

PARTICIPANT (OR PARENT IF UNDER 18)

First Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Day Phone(s) _____ Night/Cell Phone _____ Email _____

Emergency Contact Required: Name _____ Phone _____ Relationship _____

Medications/Special Needs _____

Waiver: I understand that there are risks of physical injury while participating in the above-mentioned activity. I realize insurance coverage is not provided for the participant, and I will assume financial responsibility for any costs relating to any accident or injury that might occur through participation in the above named program. I will not hold San Juan Island Park and Recreation District, (Island Rec) or San Juan County or San Juan Island School District, employees, volunteers or anyone otherwise involved in named programs, responsible for any accident or injury that might occur.

Sign Here: _____ Date: _____

**Island Rec • 580 Guard Street • 378-4953, or visit www.islandrec.org
 Office Hours 1-5pm M-F, other times by appointment**