

General Registration

ON-LINE



register @ www.cityofUP.com From The Convenience Of Home!
 24 Hours a day! 7 Days a week! Never miss Another deadline!
 Online Registration is a fast, easy, convenient way to sign up for recreation programs.
 Log on to www.cityofUP.com to use this exciting feature!
 *New customers must be added to our database before their account can be accessed.
 Please contact us at onlinereg@cityofUP.com or call (253)460-2530 to get started today!

MAIL



Send form & fee to:
 City of University Place
 Parks & Recreation
 3715 Bridgeport Way West,
 UP, WA 98466

PHONE



Call to register and pay with
 your Visa or MC
 (253) 460-2530
 8 AM - 5 PM
 Monday - Friday
(Youth Sports Excluded)

WALK-IN



City of University Place
 Parks & Recreation
 3715 Bridgeport Way West,
 University Place
 8 AM - 5 PM
 Monday - Friday

FAX



Fax completed
 registration form with
 VISA or MC
 information to:
 (253) 460-5416
 Monday - Friday

PROGRAM REGISTRATION INFORMATION

REGISTRATION REQUIREMENTS

Pre-registration is required for all classes unless otherwise stated. All program fees are due at the time of registration. Registration is required, at minimum, 7 days in advance to ensure class minimums are met and to avoid class cancellation. All classes/activities have a minimum and maximum enrollment. You will be notified only if the class is full or cancelled.

CREDIT CARDS

Class registration is available by using Visa/Master Card only.

REFUND POLICY

Full refunds will only be issued if the program has been cancelled. A \$5 administration fee will be charged on all refund requests. *No refunds after class/activity/sport program has begun.* Trips/Tours refund requests must be made 8 days prior to trip date. Please allow 4 weeks for processing refunds.

SATISFACTION GUARANTEE: UP Parks & Recreation is committed to providing high-quality programs & services. If you are not satisfied let us know your concerns in writing. We will review your concern on a case-by-case basis

Adult Last Name _____ Adult First Name _____ E-Mail _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Address _____ City _____ Zip _____

Participant Name	M/F	Birth Date	Activity ID#	Activity Name	Fee

Payment Type: Check
 (Payable to "City of University Place")

Please DO NOT USE this form for youth sports league registration
 call 460-2530 for league registration information (see pg 17)

VISA MASTER CARD Card # _____ / _____ / _____ / _____ Exp.Date: _____ Name: _____

RELEASE OF LIABILITY: Participants and parents/guardians of all participants are requested to sign the following release. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of University Place, City of University Place Park and Recreation Division, University Place School District, supervisors, staff, instructors, officials, coaches, volunteers and persons transporting myself or my/our child for any claim arising from injury to myself or my/our child. Furthermore, in case of an emergency, and myself or my child should require medical attention, I give permission for a City of University Place representative, or the representatives designee, to secure the emergency medical attention required. Any direction to the contrary should be noted on the backside of this form and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian/Participant Signature _____ Date _____