

Registration Form

Registration Information:

- Pre-Registration is required for all classes to ensure class minimums are met, unless otherwise stated. All classes/programs have a minimum and maximum enrollment.
- Payment is required at the time of registration. Accepted forms of payment are Visa/Discover/MasterCard, Cash or Checks made payable to Burlington Parks & Recreation (or B.P.R.)

4 Ways to Register:

PHONE... Call 360-755-9649 with your Visa or MasterCard info.

MAIL..... Send payment & completed registration form to:

Burlington Parks & Recreation
900 E. Fairhaven Avenue
Burlington WA 98233

DROP BOX... Submit your completed registration form along with payment in the Parks & Rec drop-box located in the Fairhaven Avenue parking lot (underneath maple tree).

FAX..... Fax completed registration form with your Visa/MasterCard info to 360-755-1017.



SKAGIT COUNTY, WASHINGTON INCORPORATED 1902
PARKS and RECREATION DEPARTMENT

900 East Fairhaven Avenue

Burlington WA 98233

Ph: 360.755.9649

Fx: 360.755.1017

Recreation@ci.Burlington.wa.us

Office Hours 8:30AM-4:30PM

Monday-Friday

Business Office is located off
 Regent Street – East Entrance.

Sign Me Up!

Adult's First & Last Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

First & Last Name of Participant(s)	Birthdate	Gender	Program Name & Start Date	Fee \$\$

PARTICIPATION AGREEMENT and LIABILITY RELEASE:

I recognize that my involvement in any Burlington Parks and Recreation activity is at my own risk. I have voluntarily made a choice to participate in this activity and expressly assume and accept the risks inherent in the activity. I accept responsibility to behave prudently and to conduct myself in a safe manner. I agree to release, hold harmless and indemnify the City of Burlington, its employees, elected officials, appointed officers, volunteers, instructors and agents from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of participation in this activity except only such injury or damage as shall have been occasioned by the sole negligence of the City of Burlington. This release is binding as to any other person, including family members, heirs and executors. If I am signing on behalf of a minor, I recognize that I may not release any claim the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as result of the minor's participation in, or travels to and from this activity. I also agree to release, hold harmless and indemnify the City of Burlington, its employees, elected officials, appointed officers, volunteers, instructors and agents for any claims brought by the minor.

PHOTO RELEASE: I understand that photographs/videos taken during program participation may be used by the City of Burlington for the purpose of marketing/promotion. Furthermore, I grant full permission to the City of Burlington to use the photographs/video for this purpose.



 Signature of Adult Participant or Parent/Guardian

 Today's Date

Visa/MC # _____ CHECK (Payable to BPR) # _____ CASH
 Exp Date _____ 3-Digit Numeric _____ Cardholder Name: _____

Billing address on card statements is the same as my address listed above.

Billing Address is: _____