

KALAMA PARKS & RECREATION CLASS REGISTRATION

Fees

\$60

\$60

\$60 \$25

Name:DOB:					
Address:Phone:					
Email address:					
How did you hear a	bout the classes?				
	tion: in advance for each class – instru s may be purchased in 10 session				
Class Description/Instructor	Location	Days	Time	Dates	
Zumba/G Roberts	Kalama Community Building	Tues – Thurs	6:30 pm – 7:30pm	Nov 18-Jan 2	
Zumba Gold/G. Roberts	Kalama Community Building	Mon - Weds	9am – 10am	Nov 18 – Jan2	
Zumba Gold/G. Roberts	Kalama Community Building	Mon - Weds	5 pm – 6pm	Nov 18 – Jan 2	
Zumba Gold/J. Bain	Kalama Community Building	Tuesdays	5:15 – 6:15 pm	Nov 5 – Dec 10	
& Recreation event. I ur of any classes in which shall be returned to me circumstances outside otherwise noted, transp is registering for a class class. Furthermore, una without return of remain place in the class I am r listed on this form. I ass indemnify, and agree to	responsible for myself and mynderstand that the class registra I am registered. Should a class by the department. Should a class for the City of Kalama's control, a cortation to and from the classes or event, my signature verifies acceptable behavior at any class sing monies paid for the class. I are questing, and notification of mynder all risks and hazards incide hold harmless the City of Kalandy participation or any minor's paid	personal property tion fees are not rebe cancelled due as be cancelled dun alternate date a will be my sole remy legal ability to or event will resulate understand they acceptance into ental to such particina, staff, volunteer	efundable if I choose not lack of enrollment ar ue to weather or other nd time for the class wisponsibility. If a minor (give permission for the it in the immediate disnutat this registration does the class will be sent to cipation, and do herebyts, and properties from	ticipate in any Parks of to attend all or park on monies paid by me unforeseen ill be set. Unless (under 18 years old) minor to attend the nissal from class is not guarantee my of the address as release, absolve,	
Signature:	Date:				
Name printed:	Relationship to participant:				
Office Use Only					
Payment received:	Method of Pa	yment:	Receipt N	o	
Accepted into class: ye	s no: (reason):				
Monney returned: (date	nney returned: (date): Initials:)				