PRO BASEBALL CAMP

QUALITY BASEBALL INSTRUCTION

Hitting, throwing, fielding, games, scrimmages, and much more. Suited for all players from the aspiring to the elite. Don't miss out on the fun.

Ages 8–13

Newport Hills Community Park

Monday–Thursday

July 25–28

10am–1pm

#58479

$139 resident

$167 non-resident

STEVE GOUCHER is a former professional baseball player and an Atlanta Braves scout. He has taught and coached baseball for over 16 years and is highly recommended by both parents and past participants.

CITY OF BELLEVUE WASHINGTON

Bellevue Parks & Community Services

REGISTER TODAY

MyParksandRecreation.com

425-452-6885

m10124.5/2011.ind

For more information please call 425-452-6885 • FAX: 425-452-2910
Mail completed form to: Bellevue Parks Registration ; PO Box 90012; Bellevue, WA 98009-9012 • **Make checks payable to City of Bellevue**

Please Print

Adult Last Name First Date of Birth

Street Address City State ZIP

E-Mail Address ❑ Private Use Only

( ) ( )
Work Phone Home Phone

Participant's Name	Use Scholar-ship?*	Date of Birth	M/F	Class Number	Class Title	Fee	Alternate Class No.
	❑					$	
	❑					$	
	❑					$	
	❑					$	
	❑					$	

Donation $_____ Designated area: _____ *(we will contact you for clarification if needed)*

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.
To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action to assert a claim against the City of Bellevue for negligence.
PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.
I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

Payment Details *Payment due in full at time of registration*

Payment Method

❑ Check ❑ D.D.D. (send to Highland)

❑ Credit Card *Total Fee: $*_____

Card Number

Expiration Date

Participant or Parent/Guardian Signature
Date
Printed Name:

Registration NOT VALID without signed waiver.

Mail completed form to:
Bellevue Parks Registration; P.O. Box 90012; Bellevue, WA 98009-9012