

# Super Hero Training! For children ages 3 to 10



**MAIL IN**  
Send form and payment to:  
Recreation Department  
9200 Main St Suite 200  
Bonney Lake, WA 98391

Or email to:  
**recreation@cobl.us**  
Then Call in CC#  
(253) 891-6500

Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_

**Who:** Children ages 3 to 10  
**What:** Calling all Superheroes! We've planned an action-packed morning with Spider-Man and Wonder Woman! Join us for superhero training, an obstacle course, games and playtime, photo ops, balloon twisting and face painting! You won't want to miss this SUPER activity!  
**Date/Time:** Saturday, May 6<sup>th</sup> from 9am to 10am  
**Where:** Daffodil Valley Elementary Gymnasium (1509 Valley Ave / Sumner 98390)  
**Cost:** \$35 per child Add \$5 for non-residents or out of School District  
**There is a Maximum of 25 participants so sign up soon!**

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against the City of Bonney Lake or the Sumner-Bonney Lake School District. In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, video tapes, motion pictures, recordings, or any other records of this program for promotional purposes. The City of Bonney Lake and the Sumner-Bonney Lake School District do not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged military veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of a trained guide dog or service animal used by a person with a disability in its programs or activities.

By signing below, I attest that I as a participant or as parent/guardian of a registrant/program participant, will not attend class or allow my child to attend class if I/we have any of the concerning symptoms noted below, or someone in our household has any concerning symptoms listed below, or has an exposure to a known positive Covid-19 case: Concerning symptoms disallowing participation is class/camp or program (per Washington State Department of Health guidelines): Cough, headache, shortness of breath, fever of 100.0 F or higher or a sense of having a fever, congestion or runny nose (not related to allergies), new loss of taste or smell, muscle or body aches, nausea, vomiting or diarrhea, chills, unusual fatigue or sore throat. **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Super-Hero Training Spring 2023 Amount Enclosed \$ \_\_\_\_\_  
\$5 non-resident fee (if applicable) \$ \_\_\_\_\_

Visa/Mastercard \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_