





**Child's Name** \_\_\_\_\_ **ParentsName** \_\_\_\_\_

**AUTHORIZATION OF ACCEPTANCE:**

I hereby give my permission for \_\_\_\_\_ to attend and participate in the above City of Tukwila Parks and Recreation Programs.

**MEDICAL TREATMENT:**

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

I certify that I am the parent or legal guardian of the above mentioned child and that I have authority to authorize such treatments.

**DISCRIMINATION STATEMENT:**

The City of Tukwila Parks and Recreation Department does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

**CPS STATEMENT:**

The City of Tukwila Parks and Recreation Department is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

**INSURANCE:**

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all City of Tukwila Parks and Recreation Department programs activities.

**PARTICIPATION AURHORIZATION:**

I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the City of Tukwila Parks and Recreation department.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against the City of Tukwila Parks and Recreation Program, rental agencies, agents, or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by Tukwila Parks and Recreation. The City of Tukwila is not responsible for any personal articles lost or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City Programs.



**TUKWILA**  
PARKS & RECREATION  
GOOD HEALTHY FUN

# PAYMENT POLICY AGREEMENT

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

\_\_\_\_\_  
**Child's Name**

MONTHLY PAYMENT IS DUE ON THE 1ST OF THE MONTH.

**Program Fees:**

**Early Birds**

Monthly rates will vary based on the number of school days each month and can range from:  
\$70-\$110 per month  
Daily Rate \$10

**A.S.A.P. (After School Activity Program)**

Monthly rates will vary based on the number of school days each month and can range from:  
\$100-\$150 per month

**No School Day Camp**

Payment for this program is **NOT** covered by the before and after school payments. Payment must be received before your child can attend.  
\$40 resident/\$47 non-resident

**Break Camps**

Camps are a separate fee from before and after school care. Registration and payment must be received before your child can attend.

**Winter Break Camp**

\$130/ \$110RD per week  
\$230/\$195RD both weeks

**Spring Break Camp**

\$130/\$110RD

**There will be a late charge of \$1.00 per minute for those children not picked up by 6:00 pm. King County Child Protective Services will be called after 7:00pm.**

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date