



# REGISTRATION FORM

## Summer 2016

12424 - 42nd Ave. S. Tukwila, WA 98168 206.768.2822 f)206.768.0524

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ '16-'17 Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First M

Child's Address \_\_\_\_\_  
City Zip

**Parent/Guardian/Responsible for Account Payment (Only list if authorized to pick-up child from program):**

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Direct Line \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Parent/Guardian/Responsible for Account Payment (Only list if authorized to pick-up child from program):**

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Direct Line \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**List any additional persons authorized to pick up child: (Please Print)**

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Emergency Contacts (Other than Parents): (Please Print)**

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Medications Taken (Must have form on File)** \_\_\_\_\_

**Does your child have any allergies? If so, please list** \_\_\_\_\_

**Limitations to participations?** \_\_\_\_\_

**Swimming Ability:** \_\_\_\_\_



# LIABILITY RELEASE

## SUMMER 2016

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

**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.

**MEDICATION POLICIES:**

Administration of medication to a child while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child's full name, date of purchase, and correct dosage. Nonprescription drugs will only be administered for one day only without authorization of a physician in writing.

**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

## TeenVenture Camp 2016

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name: \_\_\_\_\_

**Deposit:**

Teenventure will be limited to 40 teens per week. For this reason, at the time of registration you will be required to pay a **\$25 deposit for each week you would like to reserve. The weekly deposits are nonrefundable/nontransferable.** The deposit will be applied to your weekly camp fee. Camp fees are due on Mondays, one week prior to the week your child is registered to attend.

Payment will be made on a weekly basis as indicated on the summer calendar. If payment is not paid by the Monday prior to the week of enrollment, your child's spot will be given to a waitlisted participant and the deposit for the week will be forfeited. Those dismissed from the program due to non-payment or late payments will be allowed to return only when payment is received in full, space permitting. **Any weekly deposit that is forfeited due to non/late payments will not be reapplied to the weekly fee.**

Campers on the wait list will be given 48 hours to make payment. If payment is not made within that time, the next person(s) on the wait list will be notified.

**Fees:**

**PLEASE INDICATE THE WEEK YOUR CHILD WILL BE IN ATTENDANCE:** Check appropriate camp

\_\_\_ TeenVenture Camp- Resident-\$125/Week, Non-Resident- \$170/Week

- Week 1- June 20--24 (#19707)
- Week 2- June 27-July1 (#19708)
- Week 3- June 5-July 8 (No camp 7/4) (#19709)
- Week 4- July 11-15 (#19710)
- Week 5- July 18-22 (#19711)
- Week 6- July 25-29 (#19712) **OCEAN SHORES OVERNIGHTER \$170/\$215**
- Week 7- August 1-5 (#19713)
- Week 8- August 8-12 (#19714)
- Week 9- August 15-19 (#19715)
- Week 10- August 22-26 (#19716)

*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.*

\*Checking the weeks above and paying the deposit will only hold your spot until payment is received in full.

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

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

\_\_\_\_\_  
 Date



# PAYMENT POLICY

## Camp Tukwilly 2016

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name: \_\_\_\_\_

**Deposit:**

Camp Tukwilly will be limited to 120 children per week. For this reason, at the time of registration you will be required to pay a **\$25 deposit for each week you would like to reserve. The weekly deposits are nonrefundable/nontransferable.** The deposit will be applied to your weekly camp fee. Camp fees are due on Mondays, one week prior to the week your child is registered to attend.

Payment will be made on a weekly basis as indicated on the summer calendar. If payment is not paid by the Monday prior to the week of enrollment, your child's spot will be given to a waitlisted participant and the deposit for the week will be forfeited. Those dismissed from the program due to non-payment or late payments will be allowed to return only when payment is received in full, space permitting. **Any weekly deposit that is forfeited due to non/late payments will not be reapplied to the weekly fee.**

Campers on the wait list will be given 48 hours to make payment. If payment is not made within that time, the next person(s) on the wait list will be notified.

**The only way to guarantee a spot is to pay the deposit. Once the spots fill up we will not accept additional children. No exceptions.**

**Fees:**

**PLEASE INDICATE THE WEEK YOUR CHILD WILL BE IN ATTENDANCE:** Check appropriate camp

\_\_\_ Camp Tukwilly-Resident-\$110/Week, Non-Resident-\$155/Week

- |  |   |
|--|---|
| <input type="checkbox"/> Week 1- June 20-24 (#19599)             | <input type="checkbox"/> Week 7- August 1-5 (#19605)    |
| <input type="checkbox"/> Week 2- June 27- July 1 (#19600)        | <input type="checkbox"/> Week 8- August 8-12 (#19606)   |
| <input type="checkbox"/> Week 3- July 4-8 (#19601) (No camp 7/4) | <input type="checkbox"/> Week 9- August 15-19 (#19607)  |
| <input type="checkbox"/> Week 4- July 11-15(#19602)              | <input type="checkbox"/> Week 10- August 22-26 (#19608) |
| <input type="checkbox"/> Week 5- July 18-22 (#19603)             |   |
| <input type="checkbox"/> Week 6- July 25-29 (#19604)             |   |

*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.*

\*Checking the weeks above and paying the deposit will only hold your spot until payment is received in full.

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

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

\_\_\_\_\_  
 Date

**City of Tukwila Parks & Recreation**  
**HEADS UP: CONCUSSION IN YOUTH SPORTS: A Fact Sheet for PARENTS**

**WHAT IS A CONCUSSION?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

**WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?**

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

<b>Signs Observed by Parents or Guardians</b>	<b>Symptoms Reported by Athlete</b>
• Appears dazed or stunned	• Headache or “pressure” in head
• Is confused about assignment or position	• Nausea or vomiting
• Forgets an instruction	• Balance problems or dizziness
• Is unsure of game, score, or opponent	• Double or blurry vision
• Moves clumsily	• Sensitivity to light
• Answers questions slowly	• Sensitivity to noise
• Loses consciousness (even briefly)	• Feeling sluggish, hazy, foggy, or groggy
• Shows behavior or personality changes	• Concentration or memory problems
• Can’t recall events prior to hit or fall	• Confusion
• Can’t recall events after hit or fall	• Does not “feel right”

**HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?**

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

**WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?**

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

Parents Signature \_\_\_\_\_ Parents Name \_\_\_\_\_ Date \_\_\_\_\_