



TUKWILA
PARKS & RECREATION
GOOD HEALTHY FUN

TEEN REGISTRATION FORM

Summer 2019

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name _____ Birthdate _____ Sex _____ '19-'20 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 _____

Swimming Ability _____



LIABILITY RELEASE

SUMMER 2019

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Tukwila, WA 98168

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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 AUTHORIZATION:

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, damaged, or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City Programs

PAYMENT POLICY 2019

TEENVENTURE (6th -8th grade)

Child's Name: _____

PAYMENT INFORMATION, FEES & REFUNDS

Camp Deposit:

TeenVenture (6th-8th grade) has limited space per week. If you would like to reserve space for your child, you will be asked to pay a \$25.00 (nonrefundable/nontransferable) deposit for the week(s) they are planning to attend. The deposit will be applied to your weekly camp fee. ****The only way to guarantee a spot is to pay the deposit.**

Payments:

Automatic payments (we accept VISA or Mastercard) are required to register for camp. Weekly fees will be debited from your card on file on the Monday PRIOR to the week your child is enrolled in camp. Those dismissed from the program due to non-payment or late payments will be allowed to return only when any balances are paid, and space is still permitting. **Any weekly deposit that is forfeited due to non/late payments will not be reapplied to the weekly fee.**



Please initial

Cancellations and refunds: Requests to cancel, or for refunds must be made in writing with the name of the camper, camp date(s), and reason for cancel/refund request. Requests will only be accepted with a **minimum two-week notice**. Special circumstances, such as serious illness or injury will be considered when processing REFUND requests. There will not be a discount, or a refund for days missed. The weekly deposit is non-refundable/non-transferable. All refunds will be subject to a \$5.00 processing fee.

Late pick up charge: There will be a late charge of \$1.00 per minute for those children not picked up by 6:00 pm. **Payment for late pick-up fees is due when you pick up your child.** Your child may not return to our program until this payment is received. King County Child Protective Services will be called if the child is not picked up by 7:00 pm. ****We have the right to dismiss for frequent or extreme cases.**

Fees:

Please indicate the week(s) your child will be in attendance:

TeenVenture Camp- Resident-\$135/Week, Non-Resident- \$180/Week

- ☐ Week 1 - July 1-5 (No camp 7/4) (#4638)
- ☐ Week 2- July 8-12 (#4635)
- ☐ Week 3 - July 15-19 (#4639)
- ☐ Week 4 - July 22-26 (#4637)
- ☐ Week 5 - July 29-Aug 2 (#4634) OCEAN SHORES OVERNIGHTER**Fee is changed to \$180 resident /\$225 non-resident
- ☐ Week 6 - August 5-9 (#4640)
- ☐ Week 7 - August 12-16 (#4636)
- ☐ Week 8 - August 19-23 (#4633)
- ☐ Week 9 - August 26-29 (#4631)

*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