



Code 10 Registration Form

802 E. Mukilteo Blvd, Everett, WA 98203
425.257.8300 ext. 2
Email: recreation@everettwa.gov

Official Use Only
Reg Date: _____
Paid: _____

PLEASE TELL US ABOUT THE CAMPER:

CAMPER'S NAME: _____ Birth Date: _____ Camper Age: _____
Male: Female: New Camper: Returning Camper:

PARENT/GUARDIAN NAME(S): _____
Address: _____ City: _____ Zip Code: _____
Cell Phone(s): _____ Work Phone(s): _____
Email: _____ Other Email: _____

EMERGENCY CONTACT : (if unable to reach parent/guardian)
Name: _____ Relationship: _____ Phone: _____

AUTHORIZED PICK-UP: Please list anyone other than those named above who may pick up your child from camp
(Only those named on this form will be allowed to leave with your child unless you speak with a staff member and write a permission slip)
 I allow my child to be dismissed from CODE 10 without the presence of an adult

REGISTRATION: PLEASE MARK THE APPROPRIATE SESSION (campers may only register for 1 morning OR 1 afternoon session)

Garfield Elementary, M-Th, July 1-Aug 8	Horizon Elementary, M-Th, July 1-Aug 8
Morning <input type="checkbox"/> 8:45-11:45am	Morning <input type="checkbox"/> 8:45-11:45am
Afternoon <input type="checkbox"/> 12:30-3:30pm	Afternoon <input type="checkbox"/> 12:30-3:30pm

FINANCIAL INFORMATION & ELIGIBILITY
Code 10 is \$65 for the 6 week program.
Campers must be enrolled in either the Everett or Mukilteo School Districts. School Name: _____
Fee Waivers are available for eligible campers who meet these requirements. Check one:
 Camper receives free or reduced-priced meals. If so which district and school: _____
 Camper qualifies for Basic Food, TANF or FDPIR. Case # _____
Please contact the Recreation Office at 425-257-8300 ext #2 or recreation@everettwa.gov.

SPECIAL INTERESTS:
Can camper swim? YES NO (We may go to the Forest Park Swim Center, please send or request a lifejacket for your child if needed)
What are your child's favorite activities? _____

Additional comments and important information (helpful suggestions about interests, difficulties, etc.) _____

What do you expect your child to gain from this camp experience? _____



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MEDICAL QUESTIONS:

Please check "Yes" or "No" to the following questions. Does/has the camper had:

- | | |
|---|--|
| 1. Recent injury, illness or infectious disease? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 7. Ever been dizzy during/after exercise? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 2. Have diabetes? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 8. Vision or hearing impaired? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 3. Have a heart condition? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 9. Have asthma? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 4. At risk of harming self or others? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 10. Have frequent ear infections? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 5. Ever had seizures? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 11. Have any skin problems? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 6. Have an eating disorder? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | 12. Have any joint problems? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

Please explain any "yes" answers, noting the number of the question or add any other relevant medical information:

Doctor's Name: _____ Doctor's Phone: _____

MEDICATIONS / ALLERGIES:

Participants must be able to take their own medication while at Camp. **If medication is required during Camp hours, a Medication Information and Waiver form must be returned. Would you like a copy of this form?** Yes: No:

Please list all medication your child is currently taking:

Medicine Type: _____ Dosage and times taken: _____

Does the medicine cause side effects? Yes: No: If Yes, please explain: _____

Medicine Type: _____ Dosage and times taken: _____

Does the medicine cause side effects? Yes: No: If Yes, please explain: _____

ALLERGIES: (Pollen, Insect, Drug, Food, etc.)

List: _____ Reaction: _____ Treatment: _____

List: _____ Reaction: _____ Treatment: _____

AGREEMENTS:

By checking this box, to the fullest extent permitted by law, in consideration of the City of Everett granting me the opportunity of attending or participating in Everett Parks and Community Services Programs for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my participation in the program. I agree to assume all risks associated with the program. I certify that the above information is true, correct, and complete. I understand that I may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

Signature of Parent/Guardian: _____ Date _____

By checking this box, I hereby grant permission and authorize the City of Everett to use, publish, copyright and re-publish my child's photograph/video, in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication. I have read, understood and voluntarily accepted the conditions of the Photo/Video release printed above.

Signature of Parent/Guardian: _____ Date _____

DISCLAIMER: Everett and the Mukilteo School Districts have neither reviewed nor approved the program, personnel, activities or organizations announced in this flier. The participants agree to protect, indemnify, and hold harmless the districts, their elected and appointed officials, employees, agents, staff and volunteers, from any and all claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributed to the activities. Permission to distribute this flier should not be considered a recommendation of the program by the school districts. This is not a school district sponsored activity.