

Camp Patterson 2016 Registration/Application and Medical Information Form

Return application to: Everett Parks and Recreation, 802 E. Mukilteo Blvd, Everett WA 98203

This form **must be signed by a parent or guardian.** The information will be used to assist the staff in meeting your child's needs. .

Camper's Name: _____ Birth Date: _____ Camper Age: _____
First Last

Male Female Special Ed Regular Ed New Camper Returning Camper

Parent/Guardian: _____ E Mail Address: _____

Camper Address: _____ Group Home _____
 City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____
 Cell Phone: () _____ Cell phone: () _____

EMERGENCY CONTACT (if not able to reach parent/guardian)

Name _____	Relationship _____
Home Phone: () _____	Work Phone: () _____

Name _____	Relationship _____
Home Phone: () _____	Work Phone: () _____

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 personally speak to a staff member and leave a written permission slip.)**

Name	Relationship	Phone

Eligibility

The camper:

1. Is between 5 and 21 years of age during camp? (Must be at least 5 years old by July 1, 2016)	Yes	No
1. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is able to perform all personal care needs independently? Personal care needs include but are not limited to dressing, eating and toileting.	Yes	No
2. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **NO**, then I understand that I may need to provide a personal care attendant for my child.
 Name of Personal Care Attendant: _____

3. Exhibits behavior that poses a threat to themselves or others?	Yes	No
3. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is able to stay with the group to which they are assigned?	Yes	No
4. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **NO**, than I understand that the camper **MAY** not be eligible to attend Camp Patterson without an attendant.

How is camper getting to camp? Private car ParaTransit/DART Regular Everett Transit Bus Route

T-Shirt size: Youth: Small Med Large **Adult:** Small Med Large XL XXL XXXL

Registration

Sessions Attending:	Fee (10am-3pm)	Extended Hours:	Fee	Sessions Attending:	Fee 10-3	Extended Hours:	Fee
Week 1 <input type="checkbox"/> Jul 5-8	\$ 90.00	AM: <input type="checkbox"/> 7:30-10am	\$39	Week 4 <input type="checkbox"/> July 25- 29	\$119.00	AM: <input type="checkbox"/> 7:30-10am	\$55
Week 2 <input type="checkbox"/> Jul 11-15	\$119.00	AM: <input type="checkbox"/> 7:30-10am	\$55	Week 5 <input type="checkbox"/> Aug 1-5	\$119.00	AM: <input type="checkbox"/> 7:30-10am	\$55
Week 3 <input type="checkbox"/> Jul 18-22	\$119.00	AM: <input type="checkbox"/> 7:30-10am	\$55	Week 6 <input type="checkbox"/> Aug 8-12	\$119.00	AM: <input type="checkbox"/> 7:30-10am	\$55
				*			
				Adults Only	Week 7 <input type="checkbox"/> Aug 15-19	\$119.00	No extended hours Age 18+
Total Camp Fees	\$	If registered for extended care, please note the intended drop off time: (Not before 7:30 a.m.) Drop off time: Scholarships are available for those who qualify. Call 425 257-8300 X 2					
Total Extended Hours	\$	Registration Fees due upon submittal of this form. Make checks payable to: City of Everett To make a credit card payment, please contact the Recreation Office at 425 257-8300 ext 2 – Visa and Mastercard credit cards are accepted					
Total Due	\$						
Payment Enclosed	\$						
Payment Owed	\$						

If payment is NOT enclosed, then you MUST attach a written statement of responsibility from the funding source and complete the following information in full and SCAN to recreation@everettwa.gov or FAX 425 257-8325

Who is responsible for payment? _____ DDD/DSHS _____ Other (please specify) _____

Case Manager Name: _____ Contact Phone: _____

Case Manager Email: _____

Medication

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 signed and returned.**

Send me a copy of your medication policy and Medication Information and Waiver Form. Yes No

Please **list all** meds camper is **currently** taking:

Medicine type: _____ Dosage and **times** taken: _____

Does medicine create side effect? Yes: No: If Yes, please explain: _____

Medicine type: _____ Dosage and **times** taken: _____

Does medicine create side effect? Yes: No: If Yes, please explain: _____

Medicine type: _____ Dosage and **times** taken: _____

Does medicine create side effect? Yes: No: If Yes, please explain: _____

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

List: _____

Reaction: _____

Treatment: _____

General Questions

- | Does/has the camper: | | Yes | No | | | Yes | No |
|----------------------|---|--------------------------|--------------------------|-----|--------------------------------|--------------------------|--------------------------|
| 1. | Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 6. | Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 7. | Ever had problems with joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 8. | Have any skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 9. | Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | 10. | Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting number of the questions:

Special Interests

Can camper swim in a lake? Yes No

List any restrictions: _____

What are child's favorite activities? _____

Additional comments and important information (helpful suggestions about interests, difficulties, etc.). Add hints and behavior patterns that will assist the staff in making this experience successful. Use separate sheet if necessary.

Is your child appropriate for this program? Yes No

Please tell us anything that might affect your child's ability to participate in camp activities. Lifeguards supervise all water activities. Lifejackets are required on docks and in boats. The following is a partial list of items to consider: Can your child: play active games, swim in lake, (with or without lifejacket – circle one), get in and out of canoes, walk up and down hills, get in and out of vehicles – We would appreciate any information about your child and your child's behavior that will help us give your child a great camp experience.

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

Check all items that apply

Developmental Delay

- 1-2 yrs 3-4 yrs More than 4 yrs

Visually Impaired

- Blind Partial vision, which eye: Rt Lft Wears glasses

Emotional Disability

- Severely emotionally disturbed
 Other

Communication Accommodations

- Understands English - if not, what language? _____
 Can speak in English to make needs known -

Utilizes what communication aids: _____

Physical Disability

Accommodations:

- Will bring wheelchair Manual Electric
 Will bring walker Will bring crutches
 Uses braces
 Other Describe how we can best accommodate your child: _____

- Deaf Partial hearing - which ear: _____
 Wears hearing aid Signs - Ability level: _____
 Reads lips - Ability level: _____

Emotional Challenges

What triggers an outburst?

What is the best method to calm down your child?

Does child have behavior problems at home? At school?

YES NO Eating - Does camper....

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Self feed with spoon or fork? |
| <input type="checkbox"/> | <input type="checkbox"/> | Drink from glass? |
| <input type="checkbox"/> | <input type="checkbox"/> | Self finger-feed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have dietary restrictions? Specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tend to overeat? |

YES NO Toileting - Does/is camper

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Totally independent? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use the toilet? How does he/she communicate need to use toilet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Need assistance? – How much?(Be specific) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Use diapers? |

Doctor's Name _____ **Phone** _____

Doctor's Address _____ **City** _____

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the fullest extent permitted by law, in consideration of the City of Everett granting my child the opportunity of attending or participating in Everett Parks Recreation Programs for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me/my child 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 child's participation in the program. I agree to assume all risks associated with the program. In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense. I believe this child is not at risk of harming him/herself or others while in attendance in this day camp program.

I certify that the above information is true, correct, and complete. I understand that my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.

Signature of Parent/Guardian _____ **Date** _____

PHOTO/VIDEO RELEASE: I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photography of 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** _____

REGISTRATION NOT VALID WITHOUT SIGNED WAIVER