



Camp Registration Form

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

T-SHIRT SIZE _____

Youth Small, Medium, Large, XL

Adult Small, Medium, Large, XL

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)

Name: _____ Relationship: _____ Phone: _____

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REGISTRATION: PLEASE MARK THE APPROPRIATE WEEK(S)

- **Farm Adventure Camp, 5-7yrs:** July 8-10, #3857 July 15-17, #3858 July 22-24, #3859
 July 29-31, #3860 Aug 5-7, #3861
- **Summer Science Camp on the Jetty, 10-12yrs:** Aug 12-16, #3722 Aug 19-23, #3723
- **Sandblasters Camp on the Jetty, 6-12yrs:** July 8-12, #4158 July 15-19, #4159 July 22-26, #4160
 July 29-Aug 2, #4161 Aug 5-9, #4162 Aug 12-16, #4163 Aug 19-23, #4164
- **Ultimate Adventure Camp, 9-12yrs:** July 22-25, #3719 July 29-Aug 1, #3720 Aug 5-8, #3721
- **Adventure Camp Morning Care, 9-12yrs:** July 22-25, #4374 July 29-Aug 1, #4375 Aug 5-8, #4376
- **Play-Well, Robotics, 7-11yrs:** Jul 1-3, #4412
- **Jedi Engineering, 5-7yrs:** Aug 12-16, #4413
- **Jedi Master Engineering, 7-12yrs:** Aug 12-16, #4418

SPECIAL INTERESTS:

Can camper swim? YES NO (We will be wading only, 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 _____