



REGISTRATION FORM

Summer 2015

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

Child's Name _____ Birthdate _____ Sex _____ '15-'16 Grade _____ School _____
Last First M

Child's Address _____
City Zip

Shirt Size (please circle one) *YS YM YL AS AM AL AXL* *Shirt sizes run small*

Parent/Guardian/Responsible for Account Payment **Authorized to pick-up Child: Yes/No** **Lives With: Yes/No**

Name _____ Place of Employment _____

Home Phone _____ Work Phone _____

Home Address _____ Direct Line _____

Cell Phone _____ e-mail _____

Parent/Guardian **Authorized to pick-up Child: Yes/No** **Lives With: Yes/No**

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 2015

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.

Physician _____

Date _____

Parent/Guardian _____

Date _____

Parks and Recreation Staff _____

Date _____

Medication _____

RX Number _____

Instructions for medication _____

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 2015

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name: _____

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.

Deposit: \$25.00 weekly deposit per week of your child's enrollment. Deposit is refundable/transferable only until the Monday previous to the week of enrollment, with written notification.

Fees:

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

___ TeenVenture Camp- Resident-\$115/Week, Non-Resident- \$160/Week

- Week 1- June 18-19 (#19093) (short week-reduced fee)
- Week 2- June 22-26 (#19094)
- Week 3- June 29-July 2 (No camp 7/3) (#19095)
- Week 4- July 6-10 (#19096)
- Week 5- July 13-17(#19097)
- Week 6- July 20-24 (#19098)
- Week 7- July 27- 31 (#19099) **OCEAN SHORES OVERNIGHTER \$160/\$205**
- Week 8- August 3-7 (#19100)
- Week 9- August 10-14 (#19101)
- Week 10- August 17-21 (#19102)
- Week 11- August 24-28 (#19228)

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



TUKWILA
PARKS & RECREATION
 GOOD HEALTHY FUN

PAYMENT POLICY

Camp Tukwilly 2015

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name: _____

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.

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 deposit is refundable up to one week prior to the week your child is registered to attend. 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.

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-\$100/Week, Non-Resident-\$145/Week

- | | |
|---|---|
| <input type="checkbox"/> Week 1- June 22-26 (#19063) | <input type="checkbox"/> Week 7- August 3-7 (#19069) |
| <input type="checkbox"/> Week 2- June 29- July 2 (No camp 7/3) (#19064) | <input type="checkbox"/> Week 8- August 10-14 (#19070) |
| <input type="checkbox"/> Week 3- July 6-10 (#19065) | <input type="checkbox"/> Week 9- August 17-21 (#19071) |
| <input type="checkbox"/> Week 4- July 13-17(#19066) | <input type="checkbox"/> Week 10- August 24-28 (#19072) |
| <input type="checkbox"/> Week 5- July 20-24 (#19067) | |
| <input type="checkbox"/> Week 6- July 27-31 (#19068) | |

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

Child's Name: _____

Team Tukwila Sports Camps have minimum participation requirements. The registration deadline for each camp is 5 days prior to the scheduled program. The camp fee must be paid in full at the time of registration. If the minimum participation requirement is not met by the registration deadline, Tukwila Parks and Recreation will cancel the camp and a full refund will be given to participants (please allow 15 working days). No refunds will be given to participant cancellations that occur after the camp registration deadline.

Team Tukwila Sports Camps

- #19237 Sports Sampler (July 13-17) 9am-12pm
- #19238 Racquet Sports (July 13-17) 12:30- 3:30pm

- # 19239 Basketball (July 20-24) 9am-12pm
- #19240 Flag Football (July 20-24) 12:30- 3:30pm

- # 19241 Track (July 27-31) 9am-12pm
- #19242 Field (July 27-31) 12:30-3:30pm

- #19243 Soccer (August 3-7) 9am-12pm
- # 19244 Basketball (August 3-7) 12:30- 3:30pm

- #19245 Golf/Foot Golf (August 10-14) 12:30- 3:30pm

- # 19246 Tennis (August 10-13) 5:00-7:00pm
- # 19248 Tennis (August 17-20) 5:00-7:00pm

- #19247 Pee Wee Tennis (August 10-13) 4:30-5:30pm
- # 19249 Pee Wee Tennis (August 17-20) 4:30-5:30pm

By signing below I acknowledge that I have read, understand and agree to comply with the aforementioned policies and agree to sign a concussion form before my child participates in sports camp.

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:

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
• 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 _____