



Child's Name _____ **ParentsName** _____

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.

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 AGREEMENT

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name

Monthly payment is due on the 1st of the month. For weekly participants, payment is due on the Monday prior to the week of enrollment. If payment is not received by the payment deadline, a \$10.00 late fee will be added to your account and your child will be dismissed from the program until the balance is paid in full. 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.

Participants on the waiting list will be given 48 hours to make payment. If payment is not made within that time, the next person(s) on the waiting list will be notified.

Upon enrollment in our Youth Programs, I understand my child is registered and payment will be collected for the duration of the program, or until two weeks written notice is received by the Youth Recreation Coordinator.

Program Fees:

Early Birds

Monthly Rate \$90

Daily Rate \$10

A.S.A.P. (After School Activity Program)

Monthly Rate \$120 resident

No Daily Rates

No School Day Camp

\$35 resident/\$42 non-resident

Break Camps

Winter Break Camp

\$104/ \$90RD per week

\$170.\$160RD Both weeks

Spring Break Camp

\$120/\$100RD

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.

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

X _____
 Parent/Guardian Signature

 Date