



2016 Adventure Camps Medical Information Hold Harmless and Tee Shirt

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

RETURN to RECREATION OFFICE by Thursday July 21 2016 (Fax: 425 257-8374 or jlewis@everettwa.gov)

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

Ultimate Aug 1-4 | Ultimate Aug 15-18 | Double Ultimate Aug 22-26 | Male | Female | New Camper | Returning Camper

Parent/Guardian: _____

Camper Address: _____

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: () _____

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

Name Relationship Phone

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**

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: _____

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"/> | 2. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have a heart condition? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Vision or hearing impaired? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is your child at risk of harming self or others? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Special Interests

Can camper swim? Yes No

What are 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?

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

TOOL USE HOLD HARMLESS AGREEMENT

By signing this waver I give permission for my child to use the following tools: pocket knives, homemade saws, fire, and homemade bows and arrows, during The Ultimate Adventure Camp.



Signature of Parent/Guardian _____ Date

Adventure Camp T Shirt Size Please Check one (T Shirt included in registration fee.)

Size:: Yth Medium Yth Large Adult Small Adult Medium Adult Large Adult XL





The Ultimate Adventure Camp 2016

Dear Parent(s)/Guardian(s),

We are excited to kick off our Ultimate Adventure Camp 2016! Many fun and adventurous activities await your camper. Here is a list of things you need to know before dropping your child off at camp.

- Drop off is at 9:00 am at Forest Park. Please park and walk your child over to the picnic shelter to sign him/her **in and out**. Please make sure your child is on time. Our days are packed full of activities and we need all the allotted time.
- Please be at the park by 4:00 pm daily to pick up your child.

What to bring to camp

- **Apparel:** Make sure your child is prepared for the weather conditions. Weather will not stop us from participating in our activities.
 - Provide proper shoes daily. **NO FLIP FLOPS**. Hiking/water sandals are ok, but should be sturdy and closed toed. Your child must have supportive, lace-up shoes or boots on Wednesday's hike to Twin Falls.
- **Day Pack:** A day pack with the following items is required for camp:
 - **Lunch:** Provide your child with a hearty sack lunch each day. Refrigeration and microwaves are not available.
 - **Sunscreen:** Please apply sunscreen before camp and send additional sun screen with your child so that your camper can reapply as necessary. On occasion staff may need to assist your child apply sunscreen. If this is a problem, please notify the staff.
 - Sun hat and sun glasses
 - Beach Towel & Swim Suit on Monday and Friday only
 - Reusable water bottle

Medication

- If your child requires prescription medication during camp hours, read and complete the attached Medication Information and Waiver form, and bring it with you on the first day of camp.

Safety

- Pocket knives are an adventurer's best tool. If your child wishes to bring their own knife they must be locking and have no larger than a 3 inch blade. Staff will hold on to all knives when not in use and they must be checked in each morning and checked out each afternoon. If your child does not have their own knife one will be provided for them. We will always have on-site first aid equipment and first-aid trained staff in case of emergencies.

What not to bring to camp

- Please do not send your child with electronic devices (Cell phones, iPod, Gameboy, Ect.) We want this to be a complete outdoor experience with no distractions for the campers. Leaders will have cell phones with them at all times in case of emergency and/or if you need to contact your child. Cell phone numbers are listed below and on the attached activity calendar.

Conduct

- Campers are expected to arrive with a positive attitude and willingness to participate. Additionally, any camper who does not respect staff, other campers, the environment, or

Ultimate Adventure Camp Calendar August, 2016

Day 1: Float Your Boat!		Monday
Location	Activity	Comments
Silver Lake - Everett	<ul style="list-style-type: none"> • Boat and Life Jacket Safety • Knife Skills and Knot Tying • Swimming • 	<ul style="list-style-type: none"> • Team building and get to know you games • Learn to use a knife, whittling • Essential adventure knots • Using canoes and kayaks –water safety

Day 2: Survival in the Wild!		Tuesday
Location	Activity	Comments
Squire Creek Campground, Darrington	<ul style="list-style-type: none"> • Hands on fire building • Camp Cooking • Killer Plants and other wood monsters • Shelter building • Salmon Spawning Stream 	<ul style="list-style-type: none"> • Using bow and saw, flint, and matches. • Blackberries, plants, Campfire Eclairs • Using natural elements and Special Supplies • Field games

Day 3: Hike Like A Boss – to a waterfall!		Wednesday
Location	Activity	Comments
Twin Falls, North Bend area	<ul style="list-style-type: none"> • Hiking and waterfall viewing • What to do if you get lost 	<ul style="list-style-type: none"> • Hiking techniques • The STOP technique • 10 Essentials -FFIINNHES Cards

Day 4: Northwest Beach Extravaganza		Thursday
Location	Activity	Comments
Kayak Point State Park	<ul style="list-style-type: none"> • Crabbing/fishing • Beach Time • Camp Awards 	<ul style="list-style-type: none"> • Catch it, Kill it, cook it, eat it! • Field games • Knife skills review/knot tying

Contact Information

Carolyn Henri henri98203@comcast.net Cell: 425-308-1634		Jane Lewis jlewis@everettwa.gov Office: 425-257-8369 Cell: 425-879-2952
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Everett Parks and Recreation Camp Medication Information and Waiver

If the participant requires medication prescribed for daily or regular administration during the day at Adventure Camp please complete the following information: Participant Name _____

Medication:

Type	Dosage	Time	Medication must be given within:	Special Instructions/side effects/precautions
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	

I understand and agree to follow the City policies:

- I have informed the City of all medication, which I will be taking during the program, the side effects of the medication and what first aid would be appropriate.
- The staff may take custody of the medication, but I am still responsible for my own medication. **I will provide the medication packaged in prescription packages, labeled by a pharmacist. The label shall include the participant's name, physician's name and phone number, dosage amount, time taken, name and phone number of the pharmacy. Only medication for one day at a time will be brought to camp at once.**
- I acknowledge that the instructions on the pharmaceutical container are accurate. Furthermore, I agree to allow the City of Everett staff to assist, if necessary in the administration of my medication. I acknowledge that no medical staff will be provided and staff will not make any decision about dosage of medication.
- I understand that the City relies on the **accuracy and the completeness** of this information.

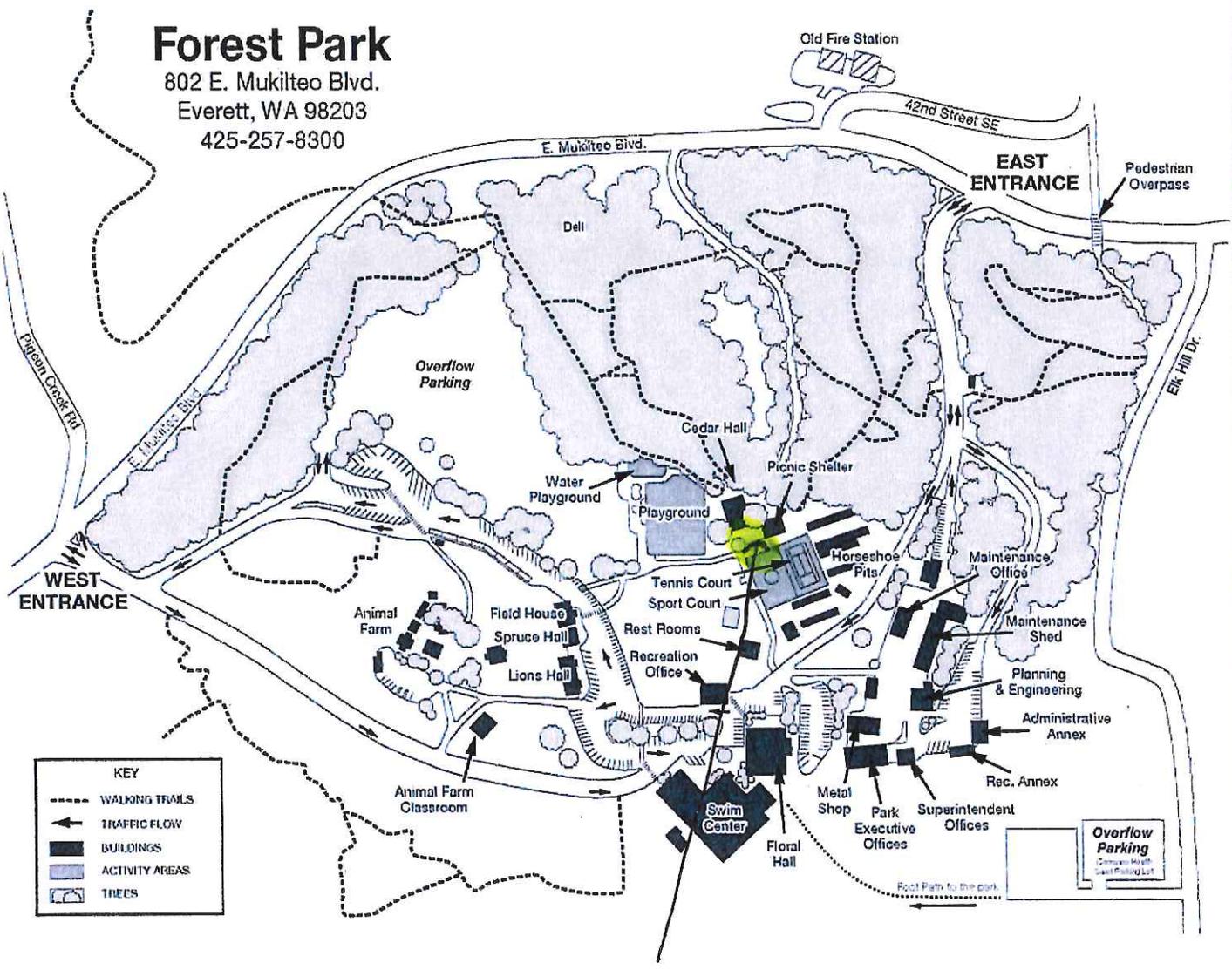
On behalf of _____ (name) and myself as parent or guardian, and heirs, executors and personal representatives of both, I release the City of Everett, its officers, employees, and agents, from any and all claims for injuries or damages of any kind that _____ (name) or I may suffer in connection to the administration of, or failure to administer, such medication.

Signature (legally responsible person) _____ Date _____

Day Time Contact (print) _____ Day Time Phone _____ Alternate Contact _____ Day Time Number _____

Forest Park Aerial Map

Forest Park
802 E. Mukilteo Blvd.
Everett, WA 98203
425-257-8300



- KEY**
- WALKING TRAILS
 - TRAFFIC FLOW
 - BUILDINGS
 - ACTIVITY AREAS
 - TREES

*Meet Outside
Cedar Hall, near the
picnic shelter.*