

Camp Patterson 2019 Registration/Application and Medical Information Form

Return application to: Everett Parks and Community Services, 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 <input type="checkbox"/>	Female <input type="checkbox"/>	Special Ed <input type="checkbox"/>	Regular Ed <input type="checkbox"/>	New Camper <input type="checkbox"/>	Returning Camper <input type="checkbox"/>
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:		Yes	No
1. Is between 5 and 21 years of age during camp? (Must be at least 5 years old by July 1, 2019)		1. <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.		2. <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?		3. <input type="checkbox"/>	<input type="checkbox"/>
4. Is able to stay with the group to which they are assigned?		4. <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? <input type="checkbox"/> Private car <input type="checkbox"/> ParaTransit/DART <input type="checkbox"/> Regular Everett Transit Bus Route
T-Shirt size: Youth: Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> Adult: Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/>

Registration

Sessions Attending:	Fee 10-3	Extended Hours:	Fee	Sessions Attending:	Fee 10-3	Extended Hours:	Fee
Week 1 <input type="checkbox"/> Jul 1-3	\$81.00	AM: <input type="checkbox"/> 7:30-10am	\$38	Week 4 <input type="checkbox"/> July 22-26	\$135.00	AM: <input type="checkbox"/> 7:30-10am	\$62
Week 2 <input type="checkbox"/> Jul 8-12	\$135.00	AM: <input type="checkbox"/> 7:30-10am	\$62	Week 5 <input type="checkbox"/> July 29-Aug 2	\$135.00	AM: <input type="checkbox"/> 7:30-10am	\$62
Week 3 <input type="checkbox"/> Jul 15-19	\$135.00	AM: <input type="checkbox"/> 7:30-10am	\$62	Week 6 <input type="checkbox"/> Aug 5-9	\$135.00	AM: <input type="checkbox"/> 7:30-10am	\$62
*							
		Adults Only	Week 7 <input type="checkbox"/> Aug 12-16	\$135.00	No extended hours Age 18+		
Total Camp Fees	\$	If registered for extended care, please note the intended drop off time:					
Total Extended Hours	\$	(Not before 7:30 a.m.) Drop off time:					
Total Due	\$	Scholarships are available for those who qualify. Call 425 257-8300 X 2					
Payment Enclosed	\$	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					
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 <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 3-4 yrs <input type="checkbox"/> More than 4 yrs	Visually Impaired <input type="checkbox"/> Blind <input type="checkbox"/> Partial vision, which eye: Rt Lft <input type="checkbox"/> Wears glasses
Emotional Disability <input type="checkbox"/> Severely emotionally disturbed <input type="checkbox"/> Other	Communication Accommodations <input type="checkbox"/> Understands English - if not, what language? _____ <input type="checkbox"/> Can speak in English to make needs known - Utilizes what communication aids: _____
Physical Disability Accommodations:	
<input type="checkbox"/> Will bring wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Will bring walker <input type="checkbox"/> Will bring crutches <input type="checkbox"/> Uses braces <input type="checkbox"/> Other Describe how we can best accommodate your child: _____	<input type="checkbox"/> Deaf <input type="checkbox"/> Partial hearing - which ear: _____ <input type="checkbox"/> Wears hearing aid <input type="checkbox"/> Signs - Ability level: _____ <input type="checkbox"/> Reads lips - Ability level: _____

Emotional Challenges	YES	NO	Eating - Does camper....
What triggers an outburst?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Self feed with spoon or fork?
What is the best method to calm down your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drink from glass?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Self finger-feed?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Have dietary restrictions? Specify: _____
Does child have behavior problems at home? At school?	<input type="checkbox"/>	<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** _____