

2015 Summer Camp Registration Form

Key Pen Parks 253-994-9240 www.keypenparks.com

Child's full name: _____ Name child goes by: _____

Camp for which you are registering: _____

Birth date: _____ Age: _____ Grade: _____ Girl Boy

Address: _____ City: _____ State: _____ Zip: _____

Parent/legal guardian name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family email address(es): _____

EMERGENCY CONTACTS

Primary (could be other parent/legal guardian)

Name: _____ Best phone: _____ 2nd best phone: _____

Secondary (If parents cannot be reached; these names are also authorized pick-up/drop-off for your child.)

Name: _____ Best phone: _____ 2nd best phone: _____

Name: _____ Best phone: _____ 2nd best phone: _____

MEDICAL INFORMATION

1. Does this child have severe allergies? (Include latex, peanuts, etc.) Yes No

If YES, please explain: _____

2. Do you or any of your children have any physical, mental, or behavior concerns we should be aware of? Yes No

If YES, please explain: _____

3. Is there anything about your child that would be helpful for us to know? (Fears, likes, dislikes, etc.) Yes No

If YES, please explain: _____

TRANSPORTATION

How will your child arrive and depart the program site? Please check all that apply:

DROP OFF WALK BIKE PICK-UP

If you circled walk or bike, at what time will your child arrive: _____ depart: _____

Please list any additional adults, besides parents/legal guardian, that your child can be released to:

NAME	PHONE #	ADDRESS
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_____	_____	_____
_____	_____	_____

Please list any person(s) that your child *CANNOT* be released to:

Transportation note: If you or another parent/guardian changes the drop off and pick up arrangements, a written note will be required. If someone other than a listed or arranged person comes to pick up a child identification may be required prior to the release of the child. We will not allow a child to walk home if the parent normally transports the child.

Please complete both sides, one form per child

LATE PICK-UP NOTICE

We respectfully request that you pick up your children promptly at the end of each daily camp session. If an emergency occurs and you are unable to pick up your child, please call Key Pen Parks at 253-884-9240. A late charge may be assessed for late pick-ups and must be paid to Key Pen Parks' office at Volunteer Park before the next program date.

MEDICATION & EMERGENCY MEDICAL CARE NOTICE

Camp staff and volunteers are unable to administer any type of medication. It is up to the parent/guardian to administer medication before or during our programs (this includes over the counter medications, including sunscreen).

As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize Key Peninsula Metropolitan Park District (DBA Key Pen Parks) to send the above-named student to the hospital or doctor most accessible.

Parent/legal guardian signature: _____

Date: _____

HOLD HARMLESS/LIABILITY WAIVER

In consideration of Key Pen Parks granting the undersigned the opportunity of attending or participating in Key Pen Parks Recreation Programs is for the purpose of leisure enjoyment; and the undersigned recognizing the fact that no benefits are derived by Key Pen Parks by allowing the undersigned to attend or participate. I, the undersigned, hereby release and hold harmless Key Pen Parks, its elected officers, employees, contractors, volunteers, and agents 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, or my child's participation in the program. I agree to assume all risks associated with the program.

In case of 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 give permission for my family's photos to be used for marketing purposes for Key Pen Parks. Do not use my family's photo (if checked)

Parent/legal guardian signature: _____

Date: _____

PAYMENT INFORMATION

Complete payments are due by the Wednesday of the week prior to the scheduled program. To ensure a space for your child, you are encouraged to *register and pay* as early as possible. Your child's summer camp spot will not be reserved until both the registration form and payment have been submitted to Key Pen Parks.

Registration and payment can be made by completing this form (one per child) and then:

- mail completed form(s) with a check to Key Pen Parks, PO Box 70, Lakebay, WA 983449.
- register and pay in person with cash or check at the Key Pen Park office in Volunteer Park, 5514 Key Peninsula Hwy. N., Lakebay, WA 98349.
- pay with a credit card online via Key Pen Parks' website, www.keypenparks.com, click "Stuff to Do" and "Classes & Camps." (You will still need to mail or drop off your completed registration form. The Key Pen Parks office does have a drop box available during closed hours.)

In the case of camp cancellation, a full refund will be issued to camp participants, minus any scholarship funds received and minus any online payment processing fees.

We are looking forward to your child having a fun time at a Key Pen Parks camp this summer!

Please complete both sides, one form per child