



Mega Movie Jr Day Camp 2019 Registration

Parent/Guardian _____ E-mail Address _____
 Address _____ City _____ Zip _____
 Home Phone # _____ Cell Phone # _____ work Phone # _____
 Camper Name _____ Birthdate _____ Male Female

Session Dates	Session Description	Options Selected	Amount
July 29-Aug2, 2019	Mega Movies Junior	Camp only \$265	
		*Before and After \$60 (optional)	
		Total	

* Note: Regular camp session runs from 9:30am to 3:30pm. Before and after care runs from 7:30am to 5:00pm, must register separately.

Camper’s tuition is due in full at time of registration.

If you have any questions regarding Engage Thru Tech camps, please call Engage Thru Tech at 425-644-6074 or Maple Valley Parks Dept. office at 425-432-9953.

Registration Options

In Person, by phone or on line
 Lake Wilderness Lodge
 22500 SE 248th Street
 Maple Valley, WA 98038
 425-432-9953
Maplevalleywa.gov





MEGA MOVIE JR 2019 Camper Profile

This form must be completed for all participants.

Camper Name _____ Age _____ Gender

And lives with Both Parents Mother(s) only Father(s) only Guardian

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Parent 1 (Mother's) Name _____ Phone # _____

Parent 2 (Father's) Name _____ Phone # _____

Guardian Name _____ Phone # _____

Guardian relationship _____

Emergency Contacts

First & Last Name _____ Relationship _____

Phone # _____

First & Last Name _____ Relationship _____

Phone # _____

Medical: Please list your camper's medical or special cautions/needs in the SUPPLEMENTAL MEDICAL PACKET

Persons Authorized to Pick-up Child from Engage Thru Tech camp:

Same as Emergency Contacts:

First & Last Name _____ Relationship _____

Phone # _____

First & Last Name _____ Relationship _____

Phone # _____

Persons Unauthorized to Pick-up Child from Engage Thru Tech camp:

Please list any persons including parent(s) who are **not** authorized to pick up your child. A court order must be on file with the Camp Manager in order to authorize the enforcement of this restriction.

First & Last Name _____ Relationship _____

Phone # _____

First & Last Name _____ Relationship _____

Phone # _____

Insurance Information

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 Maple Valley Parks & Recreation activities.

Primary Care Provider _____ Physician's Name _____

Phone # _____ Insurance Provider _____

MEGA MOVIE JR

2019 Engage Thru Tech

Medical Information and Waiver Form

This form must be signed for All participants.

NO MEDICAL NEEDS: If your camper requires no medication and/or possible medical treatment you may proceed to the waiver section on this page.

+ **MEDICAL ISSUES:** Engage Thru Tech guidelines regarding medication needs of participants during camp and programs is important. For this reason we have a SUPPLEMENTAL MEDICAL PACKET where parents and medical professionals can provide information and direction. Please read and complete the waiver portion below and proceed to the SUPPLEMENTAL MEDICAL PACKET.

Please Mark Box if your child requires medical/medication monitoring (if marked you must complete and submit the Supplemental Medical Packet before the first business day of June.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL WAIVER: I (we) do hereby authorized and Release the City of Maple Valley and Engage Thru Tech to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further I agree to release and discharge the City of Maple Valley and Engage Thru Tech from any and all liability in connection with the use of such photographs, video and written comments of or by my child. To opt out of promotional use please contact the Camp Director in writing (email) prior to your camper's first week of camp, Engage Thru Tech at info@EngageThruTech.com

MEDICAL TREATMENT WAIVER: I (we) hereby give permission that my minor child may be given emergency treatment by a qualified staff member of the City of Maple Valley and/or Engage Thru Tech. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event I cannot be contacted, I (we) further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by licensed physician or hospital selected by Engage Thru Tech when deemed immediately necessary or advisable by the physician to safeguard my child's health.

LIABILITY WAIVER: I (we) hereby represent and warrant that the participant is a minor, I am his/her guardian and authorized to provide release, authorizations, and permissions as stated below and all information within is accurate and complete. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my child's participation in this activity.

I (we) hereby give permission for my child to participate in all program activities, including field trips with transportation provided in approved vehicles (school buses,) and agree to release The City of Maple Valley and Engage Thru Tech, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in this program.

I (we) further agree, individually and on behalf of the participant, to release and hold harmless the City of City of Maple Valley and Engage Thru Tech, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to my child or me arising out of the Child's voluntary participation in this activity.

In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this waiver/release.

Camper Name _____

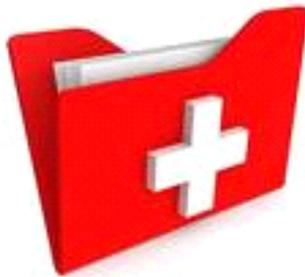
Print Parent/Guardian Name _____ Phone # _____

Signature _____ Date _____

MEGA MOVIE JR DAY CAMP

SUPPLEMENTAL MEDICAL PACKET

SEVERE ALLERGY & MEDICATION FORMS



**MEGA MOVIE JR DAY CAMP PROGRAM
(OFFERED BY ENGAGE THRU TECH)**



**Introduction
MEDICATION & SEVERE ALLERGY GUIDLINES**

The City of Maple Valley has established the following guidelines for dealing with participants with severe allergies. A severe allergy is defined as an allergy that would pose a life threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time than it would take for the Fire department or Paramedics to arrive.

PARENT(S)/GUARDIAN(S) MUST COMPLETE AND PROVIDE THE FOLLOWING:

1. A signed copy of the **Medical Information and Waiver Form**. Page 3 of the registration form
2. A signed copy of the **“Emergency Care Authorization Form”**, see part 1. This form must be filled out completely by the child’s physician and parent(s)/guardian(s), and must be updated every year or more frequently if necessary This form is designed to provide the City of Maple Valley and Engage Thru Tech day camp staff with information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction
3. All equipment and medications needed by the City of Maple Valley and Engage Thru Tech to comply with the instructions as set forth in the enclosed Authorization Form. The parent(s)/guardian(s) are responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date
4. All medication must have the original prescription label complete with the:
 - a. Camper’s name
 - b. Doctor’s contact
 - c. Detailed Instructions
 - d. Dosage
 - e. If it is necessary for the child to carry the medication at all times; the doctor needs to specify this on the form



Introduction continued



STAFF EMERGENCY TREATMENT TRAINING:

At least 3 Business days prior to the child's first day of attendance at camp, the parent(s)/guardian(s) or their designee(s) are responsible for contacting and training the Engage Thru Tech Camp Manager or their designee(s) or selected members of the staff. The training should include information on the following:

- a) The events/substances that may trigger an allergic reaction
 - b) With respect to food allergies, limitations on the child's food consumption
 - c) Symptoms of an allergic reaction
 - d) When and how to administer treatment for an allergic reaction
1. Two (2) members of the Engage Thru Tech camp staff shall attend the training provided by the parent(s)/guardian(s)/designee(s). Upon completion of the training, the staff shall complete and sign the "Staff Emergency Treatment Training Form"
 2. Training shall be repeated every year, or if the on-site staff has turned over, whichever comes first
 3. At least one trained staff member shall be present at all times the child is present at the program and trained staff shall accompany the child on field trips
 4. Warnings alerting staff of the child's particular allergy shall be recorded using the provided forms during the registration process and printed on the daily attendance roster

STEPS FOR TREATING AN ALLERGIC REACTION: All allergic reactions should be treated in accordance with the instructions provided by the child's physician on the EMERGENCY CARE AUTHORIZATION FORM. If the child shows signs and symptoms of an allergic reaction, the following steps must be taken:

1. A trained staff member administers medication as instructed on the EMERGENCY CARE AUTHORIZATION FORM. Unless otherwise indicated on the form, these medications should be administered immediately
2. A designated staff member calls 911, unless stated otherwise on the EMERGENCY CARE AUTHORIZATION FORM, and the parent(s)/guardian(s)
3. If epinephrine is prescribed, the trained staff and camper will together give the pre-measured doses of epinephrine (such as contained in the Epi-Pen, Jr.)

MEDICATION STORAGE: All medications will be locked up in a location determined by the Camp Manager. Refrigeration is available.



SPECIAL NEEDS:

A Parent/Guardian **must** notify Engage Thru Tech staff of any special requirements or physical limitations of their child at the time of registration. In some cases, a doctor's approval may be required. Enrollment may be denied if after consultation; the Engage Thru Tech staff assesses that the needs of the child exceed the abilities of the staff to provide within reasonable accommodation, unless the parent/guardian or their assigned adult agent can provide the necessary accommodation. Any child with special needs must contact Ruth Baca, Camp Director, a minimum of 7 days prior to registering at info@EngageThruTech.com. Note: The camp staff to camper ratio is one staff for every ten (10) campers. Some special needs campers may be required to provide an attendant or the parent/guardian may stay with the child.

In extreme cases the Engage Thru Tech staff will be unable to provide the proper environments and/or conditions to permit enrollment.

MEGA MOVIE JR
DAY CAMP PROGRAM (OFFERED BY ENGAGE THRU TECH)



Part I.

MEDICATION & SEVERE ALLERGY

EMERGENCY CARE AUTHORIZATION FORM
TO BE COMPLETED BY LICENSED PHYSICIAN
PARTICIPANT HEALTH FORM

Date: _____

_____ Child's Last Name _____ Child's First Name _____ Age

Medical Issues:

Medical/Behavior Issues _____

Required Medication(s) _____

Other Medical: _____

DETAILS: _____

Allergens:

_____ Insect Bite(s): (identify)

_____ Animal Fur: (identify)

_____ Food Allergy: (identify)

_____ Other: (identify)

Symptoms:

_____ Shortness of breath or difficulty in breathing

_____ Hives

_____ Swelling of the face or lips

_____ Vomiting

_____ Other: (explain)

_____ Diarrhea

Part I. Continued.



Procedures:

Do not administer medication in the absence of known exposure to allergen. (explain):

Please indicate all steps necessary and the order (number) in which they should be taken.

_____ Administer Medication (specify)

_____ Call the area's emergency medical personnel (e.g. 911)

_____ Call parent(s)/guardian(s)

_____ Child's physician

_____ Other (explain):

Name of medication(s):

Diagnosis/purpose of medication(s):

Dosage prescribed:

Time schedule:

Dosage form: (Tablet, Liquid, etc.)

Date of prescription: _____

Precise method of administering the medication:

Length of time medication will be necessary:

Part I. Continued.

Possible side effects:

Action to be taken in case of side effects:

Storage/transferring instructions:

Special instructions:

Parent(s)/Guardian(s) _____

Date



I verify that this day camp participant is under my care and requires this medication.

Print Doctor's Name

Street Address

City

State

Zip code

Telephone

Doctor's Signature _____

Date



**MEGA MOVIE JR
DAY CAMP PROGRAM (OFFERED BY ENGAGE THRU TECH)**

Part II.

**MEDICATION RELEASE AND WAIVER
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))**

_____ Participant Last Name	_____ Participant First Name	
_____ Sex	_____ Age	_____ Date of Birth

The above named participant is required to take medication prescribed by a licensed physician during the Day Camp Program. I request that designated Engage Thru Tech personnel to supervise the administration of medication to my child in accordance with the instructions provided by the physician as listed in Part 1.

By signing this form, I/We authorize Engage Thru Tech staff to follow the instructions as stated in this packet. I/We agree to update this form as my/our child's needs change.

Name: _____
#1 Parent(s)/Guardian(s)

Address: _____

City State Zip

Home Telephone Number: _____

Cell or Emergency Contact Number: _____

Name: _____
#2 Parent(s)/Guardian(s)

Address: _____

City State Zip

Telephone Number: _____

Emergency Contact Number: _____

Signature: _____
Parent(s)/Guardian(s) Date:

**MEGA MOVIE JR
DAY CAMP PROGRAM (OFFERED BY ENGAGE THRU TECH)**

Part III.

SEVERE ALLERGY MEDICATION GUIDLINES

RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))

I/We the Parent(s)/Guardian(s) hereby on this release Engage Thru Tech and all their Agents and Employees from any and all liability arising in law or equity as a result of employees administering emergency treatment related to a severe allergic reaction, providing that Engage Thru Tech has used reasonable care in providing care in accordance with the procedures outlined in the EMERGENCY CARE AUTHORIZATION FORM

Waiver Allowing Participant to Carry Epi-pen/Asthma Inhaler

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-Pen and /or asthma inhaler be kept on his/her person while participating in a Engage Thru Tech activity. In addition a completed Supplemental Medical Form must be completed.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition,

I, _____ (parent/guardian), hereby request that _____ (camper) be allowed to keep an Epi-pen or asthma inhaler on his/her person while participating in all Engage Thru Tech activities. I understand that to qualify for this exemption, this child must be capable of safely storing the necessary device on his/her person (fanny pack or pocket) and must be capable of using the device appropriately without assistance from Engage Thru Tech staff.

Signature: _____ Date: _____
#1 Parent(s)/Guardian(s)

Signature: _____ Date: _____
#2 Parent(s)/Guardian(s)



**MEGA MOVIE JR
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Part IV.

SEVERE ALLERGY MEDICATION GUIDLINES

**EMERGENCY ALLERGY TREATMENT TRAINING ACKNOWLEDGMENT
TO BE COMPLETED BY ENGAGE THRU TECH CAMP STAFF**

I, _____ & _____,
(Staff Name) (Staff Name)

have been trained by _____ to administer emergency
(Parent(s)/Guardian(s)/Designee(s))

medical related to a severe allergic reaction to _____,
(Camper's Name)

In the event the child has been exposed and is at risk of anaphylactic reaction or if they exhibit the symptoms described in the "Emergency Care Authorization Form I have been trained to and will administer emergency medical treatment.

1. Signature: _____ Date: _____
(Staff Signature)

2. Signature: _____ Date: _____
(Staff Signature)

I have met with and trained the above authorized camp staff to administer emergency medical treatment to my son or daughter.

Signature: _____ Date of Training _____
(Parent(s)/Guardian(s))



**MEGA MOVIE JR
DAY CAMP PROGRAM (OFFERED BY ENGAGE THRU TECH)**

Part V.

SEVERE ALLERGY MEDICATION GUIDLINES

ACKNOWLEDGMENT OF RECEIPT OF SEVERE ALLERGY MEDICATION GUIDLINES
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))

I (we) acknowledge receipt of this Engage Thru Tech Day Camp Severe Allergy Medication Guidelines.

Print Name: _____
#1 Parent(s)/Guardian(s)

Signature: _____ Date: _____
Parent(s)/Guardian(s)

Print Name: _____
#2 Parent(s)/Guardian(s)

Signature: _____ Date: _____
Parent(s)/Guardian(s)

