



# 2015 **CAMP WILD** Registration

No Phone Registrations Accepted, Sorry.

Parent/Guardian \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Male  Female

<b>CAMP WILD</b>		<b>Extended Care</b>	<b>Deposit</b>	<b>Total</b>	<b>Balance Due by 4:00pm on</b>
<b>Weeks 1, 3-9 = \$195; Week 2 = \$156</b>					
<b>Week 1</b>	<b>Backyard Bash</b>	Before \$35 After \$35			
	June 22-26	Both \$55	-----	-----	
<b>Week 2</b>	<b>Hoppin' Holidays*</b>	Before \$28 After \$28			
	June 29-July 2	Both \$44	-----	-----	June 15
<b>Week 3</b>	<b>Outdoor Adventure</b>	Before \$35 After \$35			
	July 6-10	Both \$55	-----	-----	June 22
<b>Week 4</b>	<b>Ooey Gooye</b>	Before \$35 After \$35			
	July 13-17	Both \$55	-----	-----	June 29
<b>Week 5</b>	<b>Start Your Engines</b>	Before \$35 After \$35			
	July 20-24	Both \$55	-----	-----	July 6
<b>Week 6</b>	<b>Call Of The Wild</b>	Before \$35 After \$35			
	July 27-31	Both \$55	-----	-----	July 13
<b>Week 7</b>	<b>Fun &amp; Fitness</b>	Before \$35 After \$35			
	August 3-7	Both \$55	-----	-----	July 20
<b>Week 8</b>	<b>Water Wipeout</b>	Before \$35 After \$35			
	August 10-14	Both \$55	-----	-----	July 27
<b>Week 9</b>	<b>Summer Fiesta</b>	Before \$35 After \$35			
	August 17-21	Both \$55	-----	-----	August 3

**\*Week 2 is a 4 day camp week due to No Camp on July 3rd**

**Camper's first week of tuition is due in full at time of registration.** A deposit of \$50 will hold a reservation for each week, not the first week of the program, which is not paid in full. This \$50 deposit will secure your spot until the balance due date which is 14 days prior to the start of the reserved week of camp. Please refer to the date in the Balance Due column. Balances not paid on time will result in loss of deposit and the camper's reserved space in that week. **All camp deposits and final payments are non-refundable.** If you have any questions regarding Camp Wild please call our office at 425/432-9953.

**Waiver/Release** I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Maple Valley, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, and/or losses in the program. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Maple Valley Parks & Recreation information or promotional use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Registration Options

In Person	Lake Wilderness Lodge 22500 SE 248th Street Maple Valley, WA 98038	By Fax	425/432-9974 Visa/MasterCard # _____ Expiration _____ Code _____	By Mail	Maple Valley Parks & Recreation P.O. Box 320 Maple Valley, WA 98038
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# 2015 **CAMP WILD** Camper Profile

Camper Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Non-Swimmer  Beginning Swimmer (doggie-paddle, tread water)  Intermediate/Advanced Swimmer  
 Camper lives with  Both Parents  Mother only  Father only  Other T-Shirt Size \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contacts

First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_

### Medical History/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 \_\_\_\_\_

**Please list child's medical history or special cautions/needs on the SUPPLEMENTAL MEDICAL FORM.**

### Persons Authorized to Pick-up Child from **CAMP WILD**

*Persons not authorized to pick-up the child cannot be enforced without a court order on file.*

Same as Emergency Contacts:   
 First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_

**I hereby represent and warrant that if the participant is a minor, I am his/her guardian and authorized to provide release, authorizations, and permissions as stated below and all information above is accurate and complete.** I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (buses, vans and coach buses) and agree to release The City of Maple Valley, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use in Parks publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of the City of Maple Valley to obtain medical/hospital treatment for the participant in the event of an emergency.

Print Parent/  
 Guardian Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2015 **CAMP WILD** Supplemental Medical Form

***This form must be completed for participants who may require any medication or medical device during program hours.***

Maple Valley Parks & Recreation Department policies regarding medication needs of participants during program hours are as follows. Each medication (i.e. prescription and over the counter) to be taken, or medical device (inhaler/Epi-Pen) used during program hours requires completion of the physician's authorization section below.

- **The Parks & Recreation Department staff is not authorized to administer medication.** Reminders for medication dosage can be requested by the parent/guardian as per Section A below.
- Parent/Guardians are solely responsible for ensuring that an adequate quantity of medication is provided to their child with the physicians written instructions for distribution.
- Children must be in possession of their own medication and must be able to administer it themselves.
- If a participant 17 years old or younger requires immediate access to an Epi-Pen or asthma inhaler, the waiver below must be completed and signed by a parent/guardian. This will allow the participant to carry and use the device.

Program **Camp Wild Summer Day Camp**

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list all behavior disorders, physical or mental disabilities staff should be aware of. If medication is needed, please describe in SECTION A below. \_\_\_\_\_  
\_\_\_\_\_

## **SECTION A - Physician's Authorization**

*This section must be completed and signed by a physician for every participant who requires any type of medication or medical device during program hours.*

Name of Medication(s) \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

Dosage \_\_\_\_\_

Special Directions for Medication(s) \_\_\_\_\_

When is the medication to be administered? \_\_\_\_\_

Possible medication side effects. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone # \_\_\_\_\_

## **SECTION B - 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 Maple Valley Parks & Recreation Department activity.*

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I, \_\_\_\_\_ (parent/guardian), hereby request that \_\_\_\_\_ be allowed to keep  Epi-pen  asthma inhaler on his/her person while participating in all Maple Valley Parks & Recreation Department recreation 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 Camp Wild staff.**

## **SECTION C - Medication Release Authorization**

I hereby represent and warrant that if a participant is a minor, I am his/her Parent/Guardian and authorized to provide the release, authorization and waiver contained herein and agree to the Maple Valley Parks & Recreation Department policies as stated above. I agree to release the City of Maple Valley Parks & Recreation Department and its staff, agents or volunteers from any and all liability arising as a result of this waiver.

Print Parent/

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_