

# JR EXPLORERS PRE CAMP 2019 REGISTRATION

## FAMILY EMERGENCY INFORMATION

Release and Statement of Responsibility

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's date

**Please check the weeks you are registering for.**

- |  |  |
|--|--|
| <input type="checkbox"/> June 25,26,27 | <input type="checkbox"/> July 23,24,25     |
| <input type="checkbox"/> July 1,2,3    | <input type="checkbox"/> July 30,31, Aug 1 |
| <input type="checkbox"/> July 9,10,11  | <input type="checkbox"/> Aug 6,7,8         |

**Child must be over 3 years old and able to use the bathroom without assistance**

\_\_\_\_\_  
Student's First and Last Name      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_  
Date of Birth      Age

\_\_\_\_\_  
Parent or Guardian #1, First and Last name      Relationship to student

\_\_\_\_\_  
Home Phone      Work Phone      Cell Phone      E-Mail

\_\_\_\_\_  
Parent or Guardian #2, First and Last name      Relationship to student

\_\_\_\_\_  
Home Phone      Work Phone      Cell Phone      E-Mail

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Emergency contact      Relationship to student

\_\_\_\_\_  
Home Phone      Work Phone      Cell Phone

Name(s) of people authorized to pick up student (ID will be required)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Does your child have any allergies? (food/drug/bee sting, other) No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child's allergy require the use of an EpiPen? No Yes

**NOTE: If yes, an EpiPen must be provided**

All information below is *OPTIONAL* and will remain *CONFIDENTIAL*.

If you prefer not to place this information in writing, you are welcome to speak with the program coordinator.

Favorite activities: \_\_\_\_\_

Fears, dislikes or pet peeves: \_\_\_\_\_

What method of Discipline do you find works best with your child?  
\_\_\_\_\_

What is the student's first language? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Student lives with  Both parents  Mother  Father  Mother/Stepfather  Father/Stepmother  
 Grandparents  Guardian

Sibling(s) names and ages \_\_\_\_\_

Other important information, including medical/behavioral/family considerations:  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to provide us with that could help us to better understand and support your child?  
\_\_\_\_\_  
\_\_\_\_\_

**SICK POLICY**

Please keep your sick child at home in order to protect your child and prevent others from becoming ill. Keep your child home from school when he/she has a temperature above 100 degrees F, is vomiting, has diarrhea, has an excessive runny nose and/or cough, or has had these symptoms or other illness within the past 24 hours.

Please notify us when your child has a communicable disease, which may include the following: Rubella, Head Lice, Impetigo, Measles, Mumps, Ringworm, Scabies, Strep infections, Chicken Pox, Conjunctivitis, Pinkeye, Flu or Hand, Foot, Mouth.

**BILLING**

Your billing will reflect your contracted hours. If your child is absent, you will still be required to pay for the contracted time. Any requested reduction in tuition, due to extended absence, will require notice two weeks prior to the change and will be considered on a case by case basis.

\$70 per week. A \$20 non-refundable deposit will secure your spot.  
Remainder due no later than the Monday before camp.  
\$30 drop in, if space is available.

**Non payment may result in your child's spot being filled by another child. To avoid your child being dropped, please pay on time.**

I \_\_\_\_\_ agree to the contract stated above and until further notice, I agree to state, in writing, any permanent change of the contract two weeks prior to change.

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

**TOWN OF STEILACOOM**  
**PARENT/LEGAL GUARDIAN ASSUMPTION OF RISK, WAIVER, RELEASE**  
**Issued: 05/2018**

I (we) am/are the parent(s) or legal guardian(s) of \_\_\_\_\_,  
(Child's Name)

who desires to be a participant in the Town of Steilacoom sponsored recreational activity of TOS Youth Programs which may include vehicular transportation provided by the Town of Steilacoom.

It is important to me (us) that this child is allowed to participate in this activity. I (we) understand there are special dangers and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity or being transported by vehicle to and/or from the activity. Furthermore, I have been advised via this document that the Town of Steilacoom does not provide Uninsured, Underinsured, Med Pay or Personal Injury Protection Insurance Coverage. Being fully informed as to these risks and in consideration of the Town of Steilacoom allowing my (our) child to participate in this sponsored activity and/or use of the Town of Steilacoom facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities, use of (Member) facilities and/or transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the Town of Steilacoom, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against the Town of Steilacoom for any personal injury, death or other harmful consequences occurring to the above-named child or me (us) arising out of the child's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above and to be transported to and/or from the activity.

I (we) authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to the child while participating in this activity or while being transported.  
parent/legal guardian initial(s) \_\_\_\_\_

I (we) hereby consent to allow this child's picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of \_\_\_TOS\_\_\_ sponsored recreational activity without compensation to me.

YES  NO  (parent/guardian initial(s)) \_\_\_\_\_

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Parent(s) /Legal Guardian Printed Name(s)

Date

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Parent(s) /Legal Guardian Signature(s)

Phone number