



City of Edmonds Parks, Recreation & Cultural Services Department

CAMPER REGISTRATION FORM 2020

Please complete this camper registration form for all camps **except for Beach Camp and Gymnastics Camp which each have separate registration forms.** We must receive registration forms **one week** prior to the first day of camp. *Forms can be mailed to or dropped off to 700 Main Street Edmonds, WA 98020 or faxed to 425-771-0253. One form per child. List all camps.*

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|--|--|--|--------------------------------------|--|--------|
| Camps (list all) | | | | | |
| Name of Camper First & Last Name | | | Date of Birth | | Gender |
| Address | | | City/Zip | | |
| Parent/Guardian Name | | | Preferred phone during camp hours | | |
| Other phone | | | Email | | |
| 2 nd Parent/Guardian Name | | | Preferred phone during camp hours | | |
| Other phone | | | Email | | |
| Emergency Contact First & Last Name | | | Phone | | |
| Emergency Contact First & Last Name | | | Phone | | |
| Family Doctor | | | Phone | | |
| Hospital Preference | | | | | |
| ALLERGY & MEDICAL <i>To minimize allergy risks, we try to keep Edmonds Parks & Recreation Camps nut free zones and ask parents to refrain from sending nut based products to camp.</i> Please check "None" or list child's medical history/cautions, medical/special needs including medications, allergies, physical or mental disability, behavior disorders, attention disorders, others: <hr/> <hr/> <input type="checkbox"/> NONE | | | | | |

It is important to me that this child be allowed to participate in recreation programs offered by the City of Edmonds Parks, Recreation and Cultural Services Department. I understand that 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 the activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored and/or co-sponsored activity and/or use of City facilities I, on behalf of myself 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 or use of City facilities. I further understand that City staff is not permitted to safeguard or administer prescription or non-prescription medication to children, including **Tylenol, cough medicine, EpiPens, allergy medicine, sunscreen, etc.** If this child takes medication regularly or for a temporary condition, any medication will be brought in the original container and be clearly labeled with the child's name, description of medication, physician and dosage. I further understand that children must be in possession of their own medication and/or sunscreen and must be able to administer it themselves, and that, for medical emergencies, City staff will call 911 and provide emergency first aid under the direction of the 911 emergency medical communications operator. I hereby agree, individually and on behalf of the above-named child and his/her/our heirs, executors and administrators, to release and hold harmless the City of Edmonds, its officials, employees and agents and agree to waive any right of recovery that we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity.

I hereby authorize the use of photos/video of above listed participant for marketing purposes: Agree Disagree

Parent/Guardian Signature: _____ **Date:** _____