



# Camp Sealth Day Camp 2010 Registration Form

Received:

Complete both sides of this form and mail to:  
Camp Sealth Registrar, 4241 21st Ave W Suite 200, Seattle, WA 98119-1250

## CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Gender:  Boy  Girl Birthdate (mo/dy/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Camper Address: \_\_\_\_\_ Camper goes by the name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Family Last Name: \_\_\_\_\_  
 Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Age this summer: \_\_\_\_\_ Grade in fall 2010: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ School attending in fall 2010: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**Parent/Guardian 1 (Primary):** Relationship to camper: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(If different from camper)*

**Parent/Guardian 1 (Primary):** Relationship to camper: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## LOCAL EMERGENCY CONTACTS

*Authorized to act on behalf of parent(s) if they cannot be reached.*

**Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

## HEALTH INFORMATION

*Please attach a note with any additional information that will help us work with your child.*

Has your child ever been diagnosed or treated for any of the following?  ADD  OCD  Developmental Disability  Anxiety  Depression  PTSD  
 ADHD  ODD  Learning Disability  Other emotional/behavioral issues: \_\_\_\_\_

Does your child have any medical conditions?  Asthma  Epilepsy/Seizures  Other: \_\_\_\_\_

Does your child have any dietary restrictions?  Vegetarian  Other food allergies/intolerances: \_\_\_\_\_

Other:  Blind  Deaf  Hearing Impaired  Physical/mobility limitations (specify): \_\_\_\_\_

Does your child have any other allergies or health issues? \_\_\_\_\_

Any home, life or family circumstances that camp staff should know about? \_\_\_\_\_

Anything else we should know about your child? \_\_\_\_\_

## DEMOGRAPHICS (Optional)

*Completing the information below helps Camp Fire USA seek & receive funding from the community. Camp Fire USA activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.*

Number in Family: \_\_\_\_\_ **Status of Head(s) of Household:**  
 Married  Single Parent  
 Guardianship  Foster Parent  
 Partnership

Child's Ethnicity \_\_\_\_\_ **Household Income:**  
 Latino/Latina/Hispanic?  Yes  No  
 Under \$15,000  \$45,001-\$55,000  \$150,001-\$200,000  
 \$15,001-\$25,000  \$55,001-\$75,000  \$200,001 and up  
 \$25,001-\$35,000  \$75,001-\$100,000  
 \$35,001-\$45,000  \$100,001-\$150,000

Immigrant or Refugee from (country): \_\_\_\_\_

## ENROLLMENT - CHECK ALL SESSIONS YOU WISH TO REGISTER FOR

		Regular Day Camp	Wrangler Day Camp (grades 3-7)	Regular Day Camp Short Week	Extended Care
		5-Day Week	5-Day Week	3-Day Week	until 5:30 p.m. daily
<b>Session 1</b>	June 28 - July 2	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 2</b>	July 6 - 9	<input type="checkbox"/> \$150 (4-day)	<input type="checkbox"/> \$225 (4-day)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 3</b>	July 12 - 16	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 4</b>	July 19 - 23	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 5</b>	July 26 - 30	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 6</b>	August 2 - 6	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 7</b>	August 9 - 13	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
<b>Session 8</b>	August 16 - 20	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50

### Registration Office Use Only

Pay Type: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ # \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ # \_\_\_\_\_  
 Reg Date: \_\_\_\_\_  
 Batch # 2010 \_\_\_\_\_  
 Youth ID#: \_\_\_\_\_

## INFORMATION SPECIFIC TO ACTIVITIES

**SWIMMING LEVEL**     Does not know how to swim     Cannot swim or dive due to medical condition  
 Swims at a beginner level     Swims at an intermediate or advanced level

**T-SHIRT SIZE:**     Youth S     Youth M     Adult S     Adult M     Adult L     Adult XL

### FOR CAMPERS IN HORSE DAY CAMP ONLY:

How many years has the camper been riding?     Never ridden     0-1     2-3     4-5     6 or more

The camper's riding experience has primarily been (check all that apply):     Horse Camp     Private lessons     Trail Rides     Pony Rides

**CAMP BUDDIES:** List any friends (same grade) you want in your group:

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

## PAYMENT INFORMATION

Payment is being made now for the items checked below.

### Check all that apply:

Full payment for **one week of day camp (required)** \$ \_\_\_\_\_

**AND** if registering for multiple weeks,

\$50 deposit x \_\_\_\_\_ weeks = \$ \_\_\_\_\_ (deposit total)

(balance due in full no more than 4 weeks before camp start date)

### Payment method for amount being paid now:

Charge \$ \_\_\_\_\_ to my Credit Card

(fill in card information on the right)

Charge balance due to my card 4 weeks before camp start date

Check/Money Order payable to Camp Fire USA \$ \_\_\_\_\_ (amt)

Camp Fire USA Candy Currency \$ \_\_\_\_\_ (amt)

Gift Certificate \$ \_\_\_\_\_ (amt)

Tax-Deductible Campership donation of \$ \_\_\_\_\_ enclosed

*Thank you for sending a low-income youth to camp!*

I am applying for financial aid\*\*. Enclosed is \$10 deposit per session per child, Membership Dues & Campership Application Form.

\*\*Camperships are limited to one camp session per summer per child.

**TOTAL FEES (Total from above):** \$ \_\_\_\_\_

**+ MEMBERSHIP DUES\*:** \$ \_\_\_\_\_

**= TOTAL FEES & DUES:** \$ \_\_\_\_\_

\*Annual Membership Dues: If you are not a Camp Fire member for 2009-2010 school year, please add \$20 individual or \$45 family (if registering 3 or more children) membership dues.

**Card Type (circle one):**    MasterCard    Visa

**Credit Card #** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name of Cardholder (please print):** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand that I will be notified as soon as possible in case of an emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I have provided a complete picture of my child's physical, emotional and mental health on this registration form, and will provide (on the first day of camp) updated health information on the form provided by the camp. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet. In the event that my child (or ward) is photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire USA or other partnering organizations approved by Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. (Optional: If you do not want your child's photograh used for promotional purposes, initial here: \_\_\_\_\_)

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