



# 2010 Camp Sealth Resident Camp Registration

Complete both sides of this form and mail to: Camp Sealth Registration, 4241 21st Ave W Ste 200 Seattle, WA 98199-1250.  
No faxes, please. One form per child. Download additional forms or register online: [www.campfire-usa.org/camp](http://www.campfire-usa.org/camp)  
If you have questions, please call the registration office, 206 826 8947 or 800 451 CAMP ext. 8947.  
Your personal information will NOT be sold or shared with other organizations.

Received:

## CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy) Gender:  Boy  Girl

Camper's Address \_\_\_\_\_ Other names child might be known by \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Family Last Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Age in summer 2010 \_\_\_\_\_ Grade in fall 2010 \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ School attending in fall 2010 \_\_\_\_\_

Any recent changes in family or living arrangement? If yes, describe \_\_\_\_\_

Circle **summers** child has attended Sealth: 99 00 01 02 03 04 05 06 07 08 09 How did you hear about Camp Sealth? \_\_\_\_\_

Does the child participate in other Camp Fire USA activities? \_\_\_\_\_

## PARENT INFORMATION

**Parent/Guardian 1 (Primary):** Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
if different from camper

E-mail Address \_\_\_\_\_

**Parent/Guardian 2:** Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
if different from camper or other parent

E-mail Address \_\_\_\_\_

## LOCAL EMERGENCY CONTACTS

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

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

## HEALTH INFORMATION

*Camper's with physical, developmental or emotional/behavioral special needs must be registered at least 60 days prior to the camp session. Parents of new campers with special needs will be asked to complete a more detailed assessment after they register. Attach an additional sheet of paper if necessary.*

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 or behavioral issues: \_\_\_\_\_

Has your child experienced any of the following in the past three years?  Bedwetting  Sleepwalking  Nightmares  Homesickness

Does your child have any medical conditions?  Asthma  Epilepsy/Seizures  Diabetes (Session 4, 5, or 4/5)  Other: \_\_\_\_\_

Does your child have any dietary restrictions?  Vegetarian  Vegan  Gluten Intolerance (Session 4, 5, or 4/5)  PKU (Session 3)  
 Food Allergies (specify): \_\_\_\_\_  Other: \_\_\_\_\_

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 need to know about your child? \_\_\_\_\_

Will this be the child's first time away from home overnight?  Yes  No

## DEMOGRAPHICS

*Completing the information below correctly 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 \_\_\_\_\_

Child's Ethnicity \_\_\_\_\_  
Latino/Latina/Hispanic?  Yes  No

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

**Status of Head(s) of Household:**  
 Married  Single Parent  
 Guardianship  Foster Parent  
 Partnership

**Household Income:**  
 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

**OVER -- Both sides of form must be completed**

## 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

### FOR CAMPERS IN HORSE PROGRAMS ONLY:

How many years has the camper been riding?

- 0-1  
 2-3  
 4-5  
 6 or more

The camper's riding experience has primarily been (check all that apply):

- At Camp Sealth  
 At another horse camp  
 Private lessons  
 Trail rides  
 Pony rides  
 Other: \_\_\_\_\_

If the camper has ridden at Sealth in the past, what is the last riding level completed?

- Range Riders  
 Rodeo Riders  
 Pony Express  
 Gauchos  
 Masters of Horsemanship

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

## TRANSPORTATION

My child's transportation to and from camp will be:

**TO**

- "Da Boata" (from *Shilshole Marina, Seattle*)  
 Tacoma (from *Pt. Defiance ferry terminal*)  
 Other: \_\_\_\_\_

**FROM**

- "Da Boata"/Seattle  
 Tacoma/Pt. Defiance  
 Other: \_\_\_\_\_

## ENROLLMENT

**If you do not receive confirmation within 3 weeks, please call our office at 206 826 8947 or 800 451 CAMP ext. 8947.**

Session	Program	Fee
<b>PROGRAM PURCHASE #1</b>		
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____
<b>PROGRAM PURCHASE #2</b>		
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____
<b>PROGRAM PURCHASE #3</b>		
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

**If first choice is full, place my child on a wait list.**

## PARENT/GUARDIAN AUTHORIZATIONS

I understand that a deposit of \$100 per session is the minimum payment required for each registration in order to complete the registration. Regardless of registration date, the deposit is nonrefundable, but is transferable to another session or to siblings that are attending Camp Sealth in the same year. All but the \$100 deposit is refundable with written notification up to 30 days before the start of the session. A 50% refund of program fees will be given with less than 30 days but up to two weeks notice before the start of the session. No refund will be given with less than two weeks notice before the start of the session. **Written notification of cancellation is required.** The only exception is an unexpected medical condition for the camper, in which case a full refund or transfer to another session will be made with written notification along with a written medical explanation from a physician. I agree to pay the remaining balance no later than May 28, 2010 or risk having my enrollment canceled. My child (or ward) has permission to participate in Camp Fire activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that Camp Fire activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants, and authorize Camp Fire to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transportation necessary for that care. I understand that I will be notified as soon as possible in case of any 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 Camp Fire to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. 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 all activities, and be willing and able to abide by Camp Fire policies and follow directions of Camp Fire personnel. 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 Camp Fire USA. 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 attending Camp Sealth, 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 photograph used for promotional purposes, initial here \_\_\_\_\_)

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

### Office Use Only

Program(s): \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 Pay Type: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Reg Date: \_\_\_\_\_  
 Batch#: 2010 \_\_\_\_\_  
 ID#: \_\_\_\_\_ Change Dates: \_\_\_\_\_

## CABINMATES (OPTIONAL)

Choose 1 or 2 friends as cabinmates. Buddies must be the age and gender, and enrolled in the same program. Mail registrations together. **Please do not group more than three buddies together.**

1. \_\_\_\_\_  
 2. \_\_\_\_\_

## PAYMENT INFORMATION

Total Cost of All Programs \$ \_\_\_\_\_ *Minimum \$100 deposit due for each session.*  
 \*Discount \$ \_\_\_\_\_  
 (membership or additional session)  
 Total \$ \_\_\_\_\_  
 Amount Enclosed \$ \_\_\_\_\_ *\*A \$20 discount may be applied for currently registered Camp Fire member (2009-10 season) or for each additional session registered.*

**BALANCE DUE BY**  
**MAY 28, 2010 \$ \_\_\_\_\_**

### CHECK ALL THAT APPLY:

- Charge now \$ \_\_\_\_\_ to my MasterCard / Visa (circle one)  
 Name on Credit Card \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature of Credit Card Holder \_\_\_\_\_
- Charge the balance due to my credit card the week of May 24, 2010
- Tax-deductible Campership donation of \$ \_\_\_\_\_ enclosed.  
*Thank you for helping send a low-income youth to camp!*
- Check/Money Order \$ \_\_\_\_\_ (made payable to Camp Fire USA)
- Gift Certificate \$ \_\_\_\_\_

### Campership Application (financial aid)

- I am requesting financial aid  
 \$ \_\_\_\_\_ deposit + Camp Fire USA Campership form enclosed.

Minimum deposit is \$30. Contact the Camp Registrar at 206 826 8947 or 800 451 CAMP ext. 8947, if paying this amount now will be a hardship to you.

Last Name

First Name

Middle

**Camper's Name:** \_\_\_\_\_