

2009 Camp Sealth Summer Resident Camp Registration

Received: _____



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/registrationinfo.htm.
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.

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 2009 _____ Grade in fall 2009 _____
With whom does the child live? _____ School attending in fall 2008 _____
Any recent changes in family or living arrangement? If yes, describe _____
Circle **summers** child has attended Sealth: 98 99 00 01 02 03 04 05 06 07 08 How did you hear about Camp Sealth? _____
Does the child participate in other Camp Fire USA activities? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 (Primary): Relationship to camper: _____
Name: _____ Employer: _____ Day Phone _____ Evening Phone _____
Address: _____ City, State _____ Zip _____ Other Phone: _____
If different from camper or other parent
E-Mail Address: _____
Parent/Guardian 2: Relationship to camper: _____
Name: _____ Employer: _____ Day Phone _____ Evening Phone _____
Address: _____ City, State _____ Zip _____ Other 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 _____ Other Phone _____ Relationship to camper _____
Name: _____ Home Phone _____ Other 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 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 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 5, 6 or 5/6) Other: _____
Does your child have any dietary restrictions? Vegetarian Vegan Gluten Intolerant (Session 5, 6 or 5/6) PKU (Session 4)
 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 (optional)

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 _____
Immigrant or Refugee from (country) _____
Latino/Latina/Hispanic? Yes No

Status of Head(s) of Household:	Household Income:
<input type="checkbox"/> Married (two parent)	<input type="checkbox"/> \$Under 15,000 <input type="checkbox"/> \$55,001-\$75,000
<input type="checkbox"/> Single Parent	<input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$75,001-\$100,000
<input type="checkbox"/> Partnership	<input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$100,001-\$150,000
<input type="checkbox"/> Guardianship	<input type="checkbox"/> \$35,001-\$45,000 <input type="checkbox"/> \$150,001-\$200,000
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> \$45,001-\$55,000 <input type="checkbox"/> Over \$200,000

OVER - Both sides of form must be completed

INFORMATION SPECIFIC TO CAMP ACTIVITIES

SWIMMING LEVEL :

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

FOR CAMPER'S 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

Office Use Only

Program(s): _____
 Sponsor: _____
 Pay Type: _____
 Amount: \$ _____
 Reg Date: _____
 Batch#: 2009 _____
 ID#: _____ Change Dates: _____

TRANSPORTATION

My child's transportation TO and FROM camp will be

TO

- "Goodtime" (Fishermen's Terminal, Seattle)
 Tacoma (Pt. Defiance Ferry Terminal)
 Other _____

FROM

- Goodtime/Seattle
 Tacoma/Pt. Defiance

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
PROGRAM PURCHASE #1		
1 ST Choice	_____	_____
2 ND Choice	_____	_____
3 RD Choice	_____	_____
PROGRAM PURCHASE #2		
1 ST Choice	_____	_____
2 ND Choice	_____	_____
3 RD Choice	_____	_____
PROGRAM PURCHASE #2		
1 ST Choice	_____	_____
2 ND Choice	_____	_____
3 RD Choice	_____	_____

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

CABINMATES (OPTIONAL)

Choose 1 or 2 friends eligible (age, gender, etc.) for the same program.

Mail registrations together. Do not group more than 3 buddies together.

1. _____
 2. _____

PAYMENT INFORMATION

Total Cost of All Programs \$ _____ *Add membership dues of \$20 individual or \$45 family unless already paid for 2008-09 school year.
 *Membership Dues \$ _____
 Total \$ _____
 Amount Enclosed \$ _____ Minimum due: \$100 deposit per session
BALANCE DUE BEFORE
MAY 22, 2009 \$ _____

CHECK ALL THAT APPLY

- Charge the balance due to my credit card the week of May 25, 2009 (card info below)
 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 \$ _____
 Charge now \$ _____ to my Master Card / Visa

Name on Credit Card (please print) _____
 Card # _____
 Exp. Date _____
 X _____
 Signature of Credit Card Holder

Campership Application (financial aid)

I am requesting financial aid

\$ _____ deposit + dues & Camp Fire USA Campership form enclosed.
 Minimum deposit is \$30; dues are additional. Contact the Camp Registrar at 206 826 8947 or 800 451 CAMP, ext 8947, if paying this amount now will be a hardship for you.

PARENT/GUARDIAN AUTHORIZATIONS

I understand that a deposit of \$100 per session PLUS applicable membership dues 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 a 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 22, 2009 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 the 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 activities, and 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, including all medications, 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 _____

Camper's Name: _____

Last Name

First Name

Middle