



LACEY PARKS & RECREATION

Winter Break Snowball Express 2017 (ages 6-12yrs)

FAX: 360.438.2669 Email: laceyparks@ci.lacey.wa.us
 Completed registration form and full payment is required. Please call to pay after you fax/email your paperwork 360.491.0857

Camper's Name _____ (last) _____ (first) _____ M / F _____ (circle one) _____ Date of Birth _____

Address _____ City _____ ZIP _____

GUARDIAN #1 _____
 Name _____ RELATIONSHIP _____
 Work Phone _____
 Home/Cell Phone _____
 Email _____

GUARDIAN #2 _____
 Name _____ RELATIONSHIP _____
 Work Phone _____
 Home/Cell Phone _____
 Email _____

Location: Mountain View Elementary 1900 College St SE, Lacey
Time: 7:30am to 5:30pm
Fee: Week 1 \$170 (5 days) • Week 2 \$140 (4 days) • Single day \$40 (space is limited)
****Your child needs a sack lunch, snack & water bottle each day****

REFUND POLICY: Notice received 2 business days prior to 1st day 100%
 1st Camp day 50%
 2nd Camp day 0%

Check Here	DATES /ACTIVITIES	FEE	DATE
	December 18-22	\$170 5 days	
	Monday December 18 Regal Cinemas: Movie TBA	\$40	
	Tuesday December 19 Sprinker Ice Skating	\$40	
	Wednesday December 20 River Ridge Swimming	\$40	
	Thursday December 21 BoomShaka	\$40	
	Friday December 22 Holiday Party (on site)	\$40	

Check Here	DATES /ACTIVITIES	FEE	DATE
	December 26-29	\$140 4 days	
	Tuesday December 26 Rollerdrome	\$40	
	Wednesday December 27 Puget Sound Entertainment	\$40	
	Thursday December 28 River Ridge Swimming	\$40	
	Friday December 29 New Year's Party (on site)	\$40	

PERMISSION TO RELEASE/EMERGENCY CONTACTS

Please list below names and phone numbers of anyone, other than yourself, that you authorize to pick up your child from Lacey Parks & Recreation Day Camp. Please list contacts in the order you would like them to be contacted in the event of an emergency. You will always be the first person we attempt to reach.

- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____

PLEASE COMPLETE REVERSE SIDE



CAMPER'S HEALTH and BEHAVIORAL HISTORY

Allergies? (plant, insect, food, medication) _____

Special dietary needs? _____

Please list any medications your child is taking: _____

Describe any behaviors staff should be aware of and explain management of behavior: _____

Please provide any information that you feel would be helpful in the supervision of your child: _____

PARENT/GUARDIAN - PLEASE READ and SIGN BELOW

I **DO__DO NOT__** give permission for non-prescription medication (non-aspirin product, Neosporin) to be given to my child.

I **DO__DO NOT__** in case of emergency **only**, give permission to the physician selected by the camp staff personnel to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child named on this form. Any directions to the contrary should be specified on this form with signature of parent/guardian.

I **DO__DO NOT__** grant the City of Lacey permission to use and publish my child's name or otherwise identify my child in association with any photo in which my child appears for editorial, marketing and promotional purposes in print and electronic media. No financial or other liability to me will be incurred by the city or the photographer.

Parent/Guardian (signature) _____ Date _____

WAIVER for PARTICIPATION - PLEASE PRINT CLEARLY

I fully realize that there are certain inherent risks to which my minor child(ren) will be exposed because of the nature of this activity. Fully understanding those risks, I hereby release the City of Lacey, its officers and employees, from any damages that may be suffered through participation in any activity related to the Lacey Parks and Recreation Day Camp.

Parent/Guardian/Name (print please)

Lacey Parks & Recreation
420 College Street SE
Lacey, WA 98503
360.491.0857

Child's Name (print please)

Parent/Guardian (signature)