

# Alki Adventure Camps

## 2016 PARTICIPANT INFORMATION & AUTHORIZATION FORM

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to: immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

### PARTICIPANT & PARENT INFORMATION

|   |            |            |   |       |
|---|------------|------------|---|-------|
| Child's Name (First & Last)   | Age        | Birth Date | <input type="checkbox"/> Male <input type="checkbox"/> Female |       |
| Address   | City       | Zip        | School  | Grade |
| Parent/Guardian Name (First & Last)   |            |            | Signature   |       |
| Day Phone   | Cell Phone |            | E-mail  |       |
| Address (if different from above)   |            |            | City  | Zip   |
| Relationship to Child<br><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent |            |            | Language(s) Spoken at Home                                    |       |

### GENERAL AUTHORIZATION & INFORMATION

My child has permission to participate in field trips including but not limited to: visits to a local park or other field trip as posted, by means of walking or alki adventure camp van.  Yes  No Initial Here: \_\_\_\_\_

My child has permission to participate in swimming and other water activities.  Yes  No Initial Here: \_\_\_\_\_

My child may apply sunscreen \_\_\_\_\_ times during the day. I will provide sunscreen:  Yes  No Initial Here: \_\_\_\_\_

My child has the following behavioral issues of which staff should be aware: \_\_\_\_\_

I handle these behaviors in the following way: \_\_\_\_\_

### EMERGENCY CONTACTS (Also authorized for participant pick-up)

*The parent/guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and others you would like us to contact if we cannot reach you.*

|                                 |            |               |              |
|---------------------------------|------------|---------------|--------------|
| (1) Contact Name (First & Last) |            |               | Relationship |
| Day Phone                       | Cell Phone | Evening Phone | E-mail       |
| Address                         |            | City          | Zip          |
| (2) Contact Name (First & Last) |            |               | Relationship |
| Day Phone                       | Cell Phone | Evening Phone | E-mail       |
| Address                         |            | City          | Zip          |

**PICK-UP AUTHORIZATION & INFORMATION**

*Please list all individuals who are authorized to pick-up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.*

|                    |              |           |               |
|--------------------|--------------|-----------|---------------|
| 1) Name<br>Address | Relationship | Day Phone | Evening Phone |
| 2) Name<br>Address | Relationship | Day Phone | Evening Phone |
| 3) Name<br>Address | Relationship | Day Phone | Evening Phone |

**Child Sign In and Sign Out Procedures**

The parent or other person listed above authorized by the parent to take the child to and from the program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature.

**MEDICAL HISTORY & AUTHORIZATION FORM**

**My child experiences the following:** *Please CIRCLE all of the following that apply. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.*

|                            |                            |                                 |                           |  |
|----------------------------|----------------------------|---------------------------------|---------------------------|--|
| <b>ADD</b>                 | <b>ADHD</b>                | <b>Developmental Disability</b> | <b>Hearing Impairment</b> | <b>Currently Taking Medication at:</b><br><input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Program |
| <b>Autism</b>              | <b>Asperger's Syndrome</b> | <b>History of Seizures</b>      | <b>Allergies</b>          |  |
| <b>Behavior Disorder</b>   | <b>Mental Disability</b>   | <b>Visual Impairment</b>        | <b>Diabetes</b>           |  |
| <b>Learning Disability</b> | <b>Physical Disability</b> | <b>Asthma</b>                   | <b>Other:</b> _____       |  |

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections.

|                             |     |            |       |
|-----------------------------|-----|------------|-------|
| Child's Name (First & Last) | Age | Birth Date | Grade |
|-----------------------------|-----|------------|-------|

|                                  |   |       |
|----------------------------------|---|-------|
| Physician Name (First & Last)    |   | Phone |
| Address                          | City  | Zip   |
| Medical Insurance Company        | Policy No.  |       |
| Preferred Hospital for Treatment | Date of Last Physical Exam:<br>Month _____ Year _____ |       |

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to above named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that Mountain to Sound Outfitters, their offices, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness.

**I assume full financial responsibility for emergency treatment for my child.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**LEGAL DOCUMENTATION INFORMATION**

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington.

| <b>Parenting Plan</b>  | <b>Restraining Order</b>   |
|--|--|
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Expiration Date: _____<br>Copy provided for child's file <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Expiration Date: _____<br>Copy provided for child's file <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |

**PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

EVENT(S): All programs and activities offered by or through Alki Adventure Camps including but not limited to recreation activities and classes, school age care, teen programs, special events, field trips, sports, kayaking, stand up paddleboarding, and other athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could — for a variety of known, unknown, foreseeable, and unforeseeable reasons, including negligence of Alki Adventure Camps employees or volunteers — be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks, I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs, and/or damages following an injury related to the Event(s), including disability, paralysis, or even death, even if caused in whole or in part by the negligence of the following releasees: Alki Adventure Camps and Chautauqua Roots LLC, its employees, volunteers, officers, owners, and agents. My acceptance of these risks includes releasing and agreeing to not sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_