



LACEY PARKS & RECREATION

Winter Break Snowball Express 2016

**MOUNTAIN VIEW
ELEMENTARY**
1900 College St SE, Lacey 98503

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

Address _____ City _____ ZIP _____

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

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

| CHECK HERE | DATES OF CAMP | FEE | AMOUNT PAID |
|--------------------------|----------------|-------|-------------|
| <input type="checkbox"/> | December 19-23 | \$170 | |

| CHECK HERE | DATES OF CAMP | FEE | AMOUNT PAID |
|--------------------------|----------------|-------|-------------|
| <input type="checkbox"/> | December 26-30 | \$170 | |

| CHECK HERE | DAILY DATES | FEE |
|--------------------------|--------------------------------------|------|
| <input type="checkbox"/> | December 19 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 20 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 21 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 22 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 23 (daily space limited) | \$40 |

FIELD TRIPS

Dec. 19 Movie: Moana
 Dec. 20 Sprinkler Ice Skating
 Dec. 21 River Ridge HS Swimming
 Dec. 22 Puget Sound
 Entertainment Center
 Dec. 23 Holiday Party (on-site)
 Dec. 26 Rollerdrome
 Dec. 27 Pierce College Science Dome
 Dec. 28 River Ridge HS Swimming
 Dec. 29 Boomshaka
 Dec. 30 New Year's Party (on-site)

(FIELD TRIPS SUBJECT TO CHANGE)

| | DAILY DATES | FEE |
|--------------------------|--------------------------------------|------|
| <input type="checkbox"/> | December 26 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 27 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 28 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 29 (daily space limited) | \$40 |
| <input type="checkbox"/> | December 30 (daily space limited) | \$40 |

TIME: 7:30am-5:30pm

FEE: \$170 for 1 week (5 days)

Your child needs to bring a sack lunch and afternoon snacks each day.

REFUND POLICY

Notice Received
By Thursday 5:00pm

Before 1st day 100%
 1st Camp day 50%
 2nd Camp day 0%

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 Summer 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.

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. 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 Summer 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) _____

