



# LACEY PARKS & RECREATION

## Spring Break Express 2017

**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 \_\_\_\_\_

**Mountain View Elementary - ages 6 - 12yrs**  
**TIME: 7:30am-5:30pm**  
**FEE: \$170 for 1 week (5 days)**

Email: laceyparks@ci.lacey.wa.us  
Fax: 360.438.2669

Paid \_\_\_\_\_ date \_\_\_\_\_

- FIELD TRIPS**
- April 3 Rollerdrome/Olympic Club
  - April 4 Arbor Day Celebration
  - Burfoot Park/Woodland Creek Community Park
  - April 5 Northwest Trek
  - April 6 Lattin's Cider Mill
  - April 7 Swimming River Ridge HS
- (FIELD TRIPS SUBJECT TO CHANGE)

**REFUND POLICY**

**Notice Received**  
**By Thursday 5:00pm**

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

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

**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) \_\_\_\_\_

