



2011 CAMPER INFORMATION

Camper's First Name: _____ Last Name: _____

Sibling's Name: _____ Sibling's Name: _____

Address: _____ City: _____ Zip: _____

School Currently Attending: _____ Grade: _____

Gender: _____ Birth Date: ____/____/____ Age: _____ Primary Language: _____

Parent/Guardian First Name: _____ Last Name: _____

Home Phone:(____) _____ Work Phone:(____) _____ Cell Phone:(____) _____

In an emergency, which number should be contacted first? _____

Email: _____

Emergency Contact First Name: _____ Last Name: _____

Relationship to Child: _____

Home Phone:(____) _____ Work Phone:(____) _____ Cell Phone:(____) _____

In an emergency, which number should be contacted first? _____

Camper's Shirt Size: Y S Y M Y L A S A M A L

What level of swimmer is your child? Beginner Intermediate Advanced Does your child need a lifejacket? _____

Does your child have any allergies or medical/physical conditions? If so, please explain: _____

Is there anything else you can tell us about your child (cultural/social/behavioral)? _____

Medical Provider/Doctor: _____ Phone:(____) _____

Please list all other adults your child may be released to:

	Full Name	Relationship to Child	Phone
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____
4.	_____	_____	(____) _____
5.	_____	_____	(____) _____
6.	_____	_____	(____) _____

PARTICIPANT'S RELEASE

The undersigned agree that separately, for themselves, their heirs, executors, and administrators, waive and release any and all rights and claims that may be had, or might rise against the City of Federal Way, its affiliates, sponsors, agents, or representatives for any and all injuries or losses suffered by the said undersigned while competing in or in connection with the program of the said association or agency. The undersigned also agree that they understand and will comply with the established rules set forth by the City of Federal Way which govern participation in the above mentioned class or activity. Additionally, I grant full permission to use any photographs, videotapes, motion picture, recordings, or any other record of this program for any purpose.

Signature: _____ Date: _____