



MOUNT VERNON PARKS & ENRICHMENT SUMMER DAY CAMP 2019

Participant's Name (*first & last*):

Address:

Home Phone: () Participant's Age: Birth Date:

Mother/Guardian's Information:

Mother's Name (*first & last*):

Home Phone: () Cell Phone: ()

Place of Work / Supervisor Name:

Work Phone: () E-mail Address:

Father/Guardian's Information:

Father's Name (*first & last*):

Home Phone: () Cell Phone: ()

Place of Work / Supervisor Name:

Work Phone: () E-mail Address:

Please identify two local emergency contacts & a phone number they can be reached at daily between 8:00am-5:30pm:

Emergency Contact Name/Relationship:

Home Phone: () Cell/Work Phone: ()

Emergency Contact Name/Relationship:

Home Phone: () Cell/Work Phone: ()

The following people are authorized to pick up my child from Day Camp (list full names):

Weekly Registration

****Payment is due at the time of Registration****

Registration paperwork is due no later than the Wednesday BEFORE the start of each Weekly Session

Daily Hours: 8:00am-5:30pm (*Program Hours: 9:00am - 4:30pm)

Field Trip T-Shirt: Size: S(6-8) M(10-12) L(14-16) Adult Small

\$10

~ Date Paid ~
(OFFICE USE ONLY)

Week 1: July 8-11 Jedi Training

Weekly Fee: Monday - Thursday \$150

\$

Week 2: July 15-18 Inventor's Workshop

Weekly Fee: Monday - Thursday \$150

\$

Week 3: July 22-25 Swim, Sand & Sun

Weekly Fee: Monday - Thursday \$150

\$

Week 4: July 29- August 1 Tell Me a Story

Weekly Fee: Monday - Thursday \$150

\$

Week 5: August 5-8 Prehistoric Pursuit

Weekly Fee: Monday - Thursday \$150

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Week 6: August 12-15 Color Me Crazy

Weekly Fee: Monday - Thursday \$150

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Week 7: August 19-22 Treasure Hunters

Weekly Fee: Monday - Thursday \$150

\$

Emergency Authorization to Treat a Minor

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any duly licensed physician licensed under the provisions of the laws of the State of Washington or any dentist licensed under the provisions of the laws of the State of Washington. It is understood that this authorization is given in advance of any specific diagnosis, which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions, be specific:

Date: _____ Parent/Guardian Signature: _____

This consent shall remain effective through August 31, 2019.

City of Mount Vernon
Parent/Guardian Assumption of Risk, Waiver and Release

I (we) am/are the parent(s) or legal guardian of _____ who desires to be a participant in the City of Mount Vernon sponsored recreational activity of Summer Day Camp. It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I (we), on behalf of myself (ourselves) and on behalf of the above named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the above named child, to release and hold harmless the City of Mount Vernon, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above named child to participate in the activity described above.

I hereby certify that if I, or the participant, has any physical ailment or condition which might affect my health or the health of the participant through participating in recreational activities or programs. I have consulted with my personal physician or other medical authority and received permission to participate.

Parent(s)/Guardian	Printed Name	Signature	Date
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Model and Multimedia Release Form

On behalf of **myself** and/or the child of whom I am the parent or guardian, on my behalf, and on the behalf of my heirs, next of kin, executors, administrators, successors, and assigns, I authorize the City of Mount Vernon to use, publish, copyright, and re-publish my name, voice, signature, photograph, or likeness, in whole or in part, unchanged or modified, in all media that exists now or later, in any manner it deems appropriate and without limitation.

I also release and waive any and all claims against the City, its employees, agents, licensees, successors, and assigns, from any and all claims, liabilities, and damages arising out of the rights granted hereunder, or the exercise thereof for such use, publication and re-publication, including, but not limited to, libel, slander, invasion of privacy, and infringement of copyright and of RCW Chap. 63.60 and its successors. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.

I hereby irrevocably consent to the foregoing release. I agree to indemnify the City, its employees, agents, licensees, successors, and assigns, and hold each of the foregoing harmless from any and all damages, losses and expenses resulting from any actual or purported disaffirmance or rescission of the above agreement by the signatory thereto.

Parent(s)/Guardian	Printed Name	Signature	Date
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Parent Handbook

Yes, I have received a copy of the 2019 Summer Day Camp Parent Information.

Initial

Summer Day Camp 2019 Field Trip Permission Form

My child, _____, has permission to attend the trips that I have initialed/dated below. He/she will be transported via the noted transportation below including walking trips, Mount Vernon Parks and Recreation transportation and/or transportation provided by the Mount Vernon School District. Additional off site trips may be scheduled during the weekly session and a permission slip will be provided at the day camp site. I understand that a 2019 field trip t-shirt is required for my child to attend any field trip. If my child is not eligible to participate due to behavior issues, it is my responsibility to make other arrangements for care as all of the staff will be attending the field trip. Participants with inappropriate behavior during field trips will result in the loss of field trip privileges for future field trips.

Parent(s)/Guardian Printed Name

Signature

Date

Parents are required to initial and date the field trips that their child will be attending in addition to signing the Assumption of Risk, Waiver and Release for Field Trips on the back of this page.

****2019 Summer Field Trip T-shirts will be required on each field trip.****

Parent Initial:

Date:

Week 1: Ground Zero Gymnastics – Thursday, July 11, 2019

Address: 2201 Continental Place, Mount Vernon

Transportation: Mount Vernon Parks and Recreation Transportation

Notes: Socks required. Spray Park available; bring swimsuit, towel, and change of clothes

Parent Initial:

Date:

Week 2: Everett Children’s Museum – Thursday, July 18, 2019

Address: 1502 Wall Street, Everett

Transportation: Mount Vernon School District Transportation

Parent Initial:

Date:

Week 3: Birch Bay Waterslides – Thursday – July 25, 2019

Address: 4874 Birch Bay Lynden Road, Blaine

Transportation: Mount Vernon School District Transportation

Notes: Bring backpack with swimsuit, towel, change of clothes, water bottle/”brown sack” lunch & sunscreen.

Parent Initial:

Date:

Week 4: Mount Vernon City Library – Thursday – August 1, 2019

Address: 315 Snoqualmie Street, Mount Vernon

Transportation: Mount Vernon Parks & Recreation Transportation

Parent Initial:

Date:

Week 5: Little Mountain Park- Thursday - August 8, 2019

Address: 20483 James Street, Mount Vernon

Transportation: Mount Vernon Parks and Recreation Transportation

Note: Bring backpack, “brown sack” lunch/water bottle, dress in layers, and sturdy shoes.

Parent Initial:

Date:

Week 6: Tri Dee Arts – Thursday – August 15, 2019

Address: 215 S. 1st Street, Mount Vernon

Transportation: Mount Vernon Parks & Recreation Transportation

Parent Initial:

Date:

Week 7: Lang's Pony Farm –Thursday - August 22, 2019

Address: 21463 Little Mountain Rd, Mount Vernon

Transportation: Mount Vernon Parks and Recreation Transportation

Note: Additional Lang's Pony Farm waiver *required* (provided at Day Camp site)

Parent Initial:
Date:

WEEKLY - Skagit Valley Family YMCA – July 10, 17, 24, 31, August 7, 14, 21, 2019

Address: 1901 Hoag Rd, Mount Vernon

Transportation: Mount Vernon Parks and Recreation Transportation

Note: swim suit, towel, change of clothes and backpack

Parent Initial:
Date:

City of Mount Vernon
Parent/Guardian Assumption of Risk, Waiver and Release for Field Trips

I (we) am/are the parent(s) or legal guardian of _____ who desires to be a participant in the City of Mount Vernon sponsored Field Trips during Summer Day Camp. It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I (we), on behalf of myself (ourselves) and on behalf of the above named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the above named child, to release and hold harmless the City of Mount Vernon, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above named child to participate in the field trip(s) described below.

I hereby certify that if I, or the participant, has any physical ailment or condition which might affect my health or the health of the participant through participating in recreational activities or programs. I have consulted with my personal physician or other medical authority and received permission to participate.

Parent(s)/Guardian Printed Name	Signature	Date
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