

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_M\_\_\_F T-Shirt Size \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name(Both) \_\_\_\_\_ Child Lives With: \_\_\_Mother\_\_\_Father\_\_\_Both Parents

Home Phone: \_\_\_\_\_ Cell Phone: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List all persons, including parent(s), authorized to pick up your child(ren):

Name	Address	Phone	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Child's medical history/cautions (medications, allergies, drugs, physical or mental handicap, other): \_\_\_\_\_

### Parent/Guardian Permission/Medical Consent:

Parents/Guardians of all participants are requested to sign the following release. I/We assume all risks and hazard incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, indemnify and agree to hold harmless City of University Place Parks & Recreation Division, City of University Place, University Place School District, supervisors, administrators, leaders, volunteers and persons transporting myself or my/our child for any claim arising from injury to myself or my/our child. Furthermore, in case of an emergency, and my child should require medical attention, I give permission for a City of University Place staff to secure the emergency medical attention required. I agree that pictures taken during program hours may be used for future promotional purposes. Any direction to the contrary should be noted on this form and signed.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT DAY CAMP PAYMENT INFORMATION

\$25 non-refundable deposit holds a spot ~ Camp fees due (7 days) prior to start of each week of camp ~ \$20 fee applies to ALL late payments

Register for (4) Weeks of Camp and Receive 20% off Week (5) ~ OR ~  
SIBLING DISCOUNT - \$20 OFF Each Additional Child Registered

ONLY  
One Discount  
Per Child

### CAMP UPLAY HOURS & FEES:

REGULAR 9AM - 4 PM

Res/\$115 - Non-Res/\$125 / Wks 1-8

Res/\$100 - Non-Res/\$110 / Wks 9&10

EXTENDED 7 AM - 6 PM

Res/\$135 - Non-Res/\$145 / Wks 1-8

Res/\$120 - Non-Res/\$130 / Wks 9&10

Week	CLASS #	Res. / Non-Res.	\$ Due	\$ Paid	Date Paid	Bal. Due
1	4794	Res. / Non-Res.				
2	4795	Res. / Non-Res.				
3	4796	Res. / Non-Res.				
4	4797	Res. / Non-Res.				
5	4798	Res. / Non-Res.				
6	4799	Res. / Non-Res.				
7	4800	Res. / Non-Res.				
8	4801	Res. / Non-Res.				
9	4803	Res. / Non-Res.				
10	4804	Res. / Non-Res.				

### Mail or Fax Completed Registration Form to:

UP Parks & Recreation  
3715 Bridgeport Way West  
University Place, WA 98466  
Fax: (253) 460-5416 / Info: (253) 460-2530

Amount Enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_ Made Payable to "City Of UP"

VISA \_\_\_\_\_ MC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_