

IWASIL Boys and Girls Club  
Summer Camp Registration Form  
Session #1- June 23<sup>rd</sup>-July 11<sup>th</sup>  
Session #2-July 14<sup>th</sup>-August 1<sup>st</sup>

Child's Name (first and last)\_\_\_\_\_Age\_\_\_ Birthdate\_\_\_\_\_ Gender\_\_\_  
Tribal Affiliation\_\_\_\_\_  
Home Phone\_\_\_\_\_School\_\_\_\_\_Grade\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_  
Child lives with\_\_\_Mother\_\_\_Father\_\_\_Other\_\_\_\_\_

Parent/guardian Name\_\_\_\_\_  
Home Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_  
Employed by\_\_\_\_\_Work Phone\_\_\_\_\_

Parent/guardian Name\_\_\_\_\_  
Home Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_  
Employed by\_\_\_\_\_Work Phone\_\_\_\_\_

**Emergency Contacts (non-Parent/Guardian)**

Name\_\_\_\_\_Phone\_\_\_\_\_  
Address\_\_\_\_\_  
Relationship to Child\_\_\_\_\_

Name\_\_\_\_\_Phone\_\_\_\_\_  
Address\_\_\_\_\_  
Relationship to Child\_\_\_\_\_

List all persons authorized to pick up child:

Name\_\_\_\_\_Phone\_\_\_\_\_Relationship to Child\_\_\_\_\_  
Name\_\_\_\_\_Phone\_\_\_\_\_Relationship to Child\_\_\_\_\_  
Name\_\_\_\_\_Phone\_\_\_\_\_Relationship to Child\_\_\_\_\_

Does child have permission to be dropped off at home if no adult is at home?

Yes\_\_\_\_\_  
No\_\_\_\_\_

Child's Physician\_\_\_\_\_Phone\_\_\_\_\_  
Medical Insurance\_\_\_\_\_Group#\_\_\_\_\_Policy#\_\_\_\_\_

Does your child have any allergies? Yes\_\_\_(Please Explain) No\_\_\_

Does Your Child Have Any Medical Conditions? Yes\_\_\_(Please Explain) No\_\_\_

\_\_\_ My child will participate in Session #1 (South of Lake Union)

\_\_\_ My child will participate in Session #2 (North of Lake Union)

\_\_\_ My child will NOT need Transportation.

\_\_\_ We will need a partial Scholarship.

\_\_\_ We can provide scholarship assistance

My child has permission to participate in all IWASIL Summer Program Activities including the activities at the Wilson Pacific Building, riding in an IWASIL Van, driven by an IWASIL employee, walking trips to area parks, field trips to the Burke Museum and Seattle Metropolitan Police Museum. I also understand that my child may be photographed and photos may be used by IWASIL Boys and Girls Club.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_