

## CAMP READ-A-RAMA 2019 SEATTLE REGISTRATION FORM

Compass & Mary's Place campers should return completed forms to Compass Main Office;  
other campers' forms should be emailed to [campreadarama@gmail.com](mailto:campreadarama@gmail.com)

Camper's Name	Age	Grade Entering	Gender	T-shirt Size
1)				YS YM YL AS AM AL AXL
2)				YS YM YL AS AM AL AXL
3)				YS YM YL AS AM AL AXL

Parent(s) or Guardian(s) \_\_\_\_\_

Phone 1: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone 2: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number    City    State    Zip

Session(s) Attending: the camp day is 9:00-4:00; pick up by 4:15 (Compass and Mary's Place campers, choose ONE week)

- \_\_\_\_ August 21-23, "Read-a-Rama Art Attack" (Wednesday-Friday)  
 \_\_\_\_ August 26-30, "Read-a-Rama Animalia" (Monday-Friday)

### Photo Release

I \_\_\_ do \_\_\_ do not give Camp Read-a-Rama and the University of Washington and its employees, without expectation of value, permission to:

1. Record and use my children's likeness and appearance in video, audio tape, film photography, or any other medium; and
2. Exhibit copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose of advertising campaigns which Camp Read-a-Rama or University of Washington deem appropriate.

### Field Trip and Participant Release

I acknowledge that my child's participation in field trips is solely on my own initiative, risk and responsibility. And I give permission for my child to ride on public and hired buses for camp field trips. The date and times of the field trips will be communicated before camp begins.

- Field trip for Read-a-Rama Art Attack, August 21-23: Seattle Public Library, Central Branch  
 Field trips for Read-a-Rama Animalia, August 26-30: Woodland Park Zoo & Seattle Center to play in the fountain.

### Behavior Management Policy

Camp Read-a-Rama offers a safe and nurturing camp environment with a low staff-to-camper ratio. To maintain the high quality of programming and care we offer, the camp staff and director will not tolerate hitting, fighting, kicking, spitting, lying, profane language, disrespectful treatment of campers or staff, or intentionally disobeying camp rules.

- For the first infraction, the camp director will talk with the camper and discuss the matter with the parent or guardian.
- For the second infraction, the parent or guardian will be called to pick the camper up for the rest of the camp day.
- For a third infraction, the parent or guardian will be asked to pick up the camper, who will not be allowed to attend camp for the rest of the season. Parents who paid camp fees should not expect a refund of camp fees in this case.

### Consent & Waiver

Child's Name \_\_\_\_\_ Parent's/Guardian's Initials \_\_\_\_\_

In consideration of my child, the participant, being permitted to take part in the above program, I, on behalf of my child, agree and understand that:

- My child’s participation is completely voluntary, and my child will abide by all the rules, guidelines, regulations, and code of conduct of Camp Read-a-Rama and/or host/site location requirements;
- I must complete and submit all necessary paperwork in a timely way;
- Program staff have the authority to make decisions regarding my child’s continued participation if my child’s conduct or the circumstances warrant discontinued participation;
- My child will be asked to leave the program if I or my child do not abide by the rules, regulations, and behavior management policy of Camp Read-a-Rama;
- I recognize that my child’s participation in the program, including field trips and transportation to and from activity sites, carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, paralysis, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this program and I freely assume the risks and consent to my child’s participation;
- I further declare that my child is fit and capable of participating in the program with the following accommodations:

\_\_\_\_\_

I agree that my child can only be released to the following individual(s) during the Camp Read-a-Rama Program. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission.

Names:

Relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My Child **CANNOT** be released to the following individuals:

Names:

Other Information:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camp Registration (includes session, field trip(s) and t-shirt) (please pay through the Read-a-Rama website: [www.Read-a-Rama.org](http://www.Read-a-Rama.org)):

\_\_\_ Camp Read-a-Rama Art Attack (Wednesday-Friday, August 21-23): \$135 \_\_\_\_\_

\_\_\_ Camp Read-a-Rama Animalia (Monday-Friday, August 26-30) \$225 \_\_\_\_\_

\_\_\_ Donation to campership (scholarship) fund: \_\_\_\_\_

Total Payment sent via [www.Read-a-Rama.org](http://www.Read-a-Rama.org): \_\_\_\_\_

(Please note in PayPal payment is for camp fees)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Child’s Name \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**CAMP READ-A-RAMA HEALTH FORM**

Compass & Mary's Place campers should return completed forms to Compass Main Office;  
other campers' forms should be emailed to campreadarama@gmail.com

**TO BE COMPLETED BY PARENT OR GUARDIAN.  
FORM MUST BE SIGNED AND DATED (SEE PARENT'S AUTHORIZATION & PERMISSION TO TREAT)**

Parent(s) or Guardian(s) \_\_\_\_\_

Phone 1: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone 2: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City State Zip

If not available in an emergency, notify:

1. \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Name

Home Phone Work Phone Cell Phone

2. \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Name

Home Phone Work Phone Cell Phone

**HEALTH HISTORY:** (Check if the participant has had any of the following, giving dates where applicable)

**ALLERGIES:**

Ear Infections	Chicken Pox	Hay fever
Asthma	Rheumatic Fever	Poison Ivy
Seizures	Chest Pain/passing out w/exertion	Insect stings
Diabetes	Measles	Penicillin

**Details of Above** (frequency, severity, triggers) and include any additional medication or food allergies:

\_\_\_\_\_  
\_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

**Parent/Guardian Comments:** \_\_\_\_\_

**IMMUNIZATION RECORD**

\_\_\_ My child has been immunized. \_\_\_ My child has not been immunized.

You may provide a shot record in lieu of completing this part of the application.

DTP Series	booster	Tetanus booster (w/in last 10 yrs)
Polio IPV	booster	MMR
Hepatitis B _____		Varicella (Chicken Pox)

Child's Name \_\_\_\_\_ Parent's/Guardian's Initials \_\_\_\_\_

**MEDICATIONS BEING TAKEN**

- This person takes NO medications on a routine basis
- This person takes medications as follows (*attach additional pages if needed*):

Medicine:	Dosage:	Times taken each day:	Reason for taking:

**THIS MUST BE SIGNED FOR CHILD TO ATTEND CAMP**

**PARENT/GUARDIAN AUTHORIZATION & PERMISSION TO TREAT:**

*By signing this health history, I certify that:*

- *As far as I know, the information is correct, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me;*
- *I have read, understand and agree to all terms of the consent and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices;*
- *I am the parent/legal guardian with the authority to provide the authorization and consent for administering prescription medications, over-the-counter drugs, and health or medical monitoring devices;*
- *I give the camp staff permission, in case of accident or injury, to administer standard First Aid and/or to arrange for transportation to a medical facility;*
- *I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to medical care for my child;*
- *I will advise the Camp Read-a-Rama staff and/or host site administrators of any situation or condition that may be a potential risk or hazard.*
- *I am solely liable for any expenses incurred on my own or my child’s behalf, including but not limited to medical or health care expenses; In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Compass and Mary’s Place forms should be returned to Compass Main Office;  
 Other campers’ forms should be emailed to [campreadarama@gmail.com](mailto:campreadarama@gmail.com)  
 For more information & questions, contact: Dr. Michelle H. Martin, Read-a-Rama Director  
 864-508-1838, [campreadarama@gmail.com](mailto:campreadarama@gmail.com)

Child’s Name \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_