



Teen Program Registration Form City of SeaTac Parks & Recreation 2016-2017

**Note: It is the parents responsibility to inform SeaTac staff when information below changes*

Teen's Name _____

Address _____ Teen's Cell Phone _____

City/Zip _____ Birth date _____

Teen's e-mail address _____ Circle One Male/Female

School _____ Grade in Fall 2016 _____

Lives With _____

Parent/Guardian Name _____ Relationship _____

Address _____ Phone _____

City/Zip _____ Alternate Phone _____

E-mail address: _____

Parent/Guardian Name _____ Relationship _____

Address _____ Phone _____

City/Zip _____ Alternate Phone _____

E-mail address: _____

Emergency Contacts (other than parent/guardian)

Name	Phone	Relationship
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_____	_____	_____
_____	_____	_____

Medical Information

Doctor's Name _____ Phone _____

Preferred Hospital _____

Does your teen have any allergies? (Circle One) Yes/No If yes, please list: _____

Any limitations to participation? _____

Other useful medical information? _____

Please note: All medication (prescribed or over the counter) requires a separate form to be signed by a physician. SeaTac staff must hold all medication.

Discipline suggestions _____

Any other helpful information for working with your teen _____

The information on this form was provided by _____ Date _____

**Liability Release Form
SeaTac Parks and Recreation Teen Program**

Teen's Name

Authorization of Acceptance

I hereby give permission for _____ to attend and participate in City of SeaTac Parks and Recreation Programs.

Participation

I hereby give permission for my child to participate in all activities and field trips within the scope of their programs.

Medical Treatment

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care, treatment and procedure to be performed for my child by a licensed physician or hospital selected by the Program Director (if the preferred hospital listed is not immediately accessible) when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify that I am the parent or legal guardian of the above mentioned child and that I have authority to authorize such activities and actions.

Discrimination Statement

The City of SeaTac Parks and Recreation Department does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status or sexual preference.

CPS Statement

The City of SeaTac Parks and Recreation Department is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social and Health Services division of Child Protective Services.

By signing below, I hereby waive and release any and all rights and claims that may be had or might arise against the City of SeaTac Parks and Recreation program, rental agencies, agents or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by SeaTac Parks and Recreation. I agree that the City of SeaTac is not responsible for any personal articles lost or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City programs.

Signature of Parent/Guardian

Date