



CITY OF SEATAC PARKS AND RECREATION
Rec'N Crew Youth Registration Form

Child's Name _____ Circle One Male/Female
Address _____
City/Zip _____ Birth date _____
School _____ Grade in Sept 2016 _____
Teacher's Name 2016-2017 school year: _____
Discipline suggestions _____
Any other helpful information for working with your child _____

Parent/Guardian Name _____ Relationship _____
Address _____ City/Zip _____
Phone #'s: Home _____ Work _____ Cell _____
E-mail address: _____ Lives with Child?: Yes/No (Circle One)

Parent/Guardian Name _____ Relationship _____
Address _____ City/Zip _____
Phone #'s: Home _____ Work _____ Cell _____
E-mail address: _____ Lives with Child?: Yes/No (Circle One)

Medical Information

Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____

Does your child have any allergies? (Circle One) Yes/No
If yes, please list and briefly explain their symptoms when they have an allergic reaction:

Any limitations to participation? _____
Other useful medical information? _____

Medication Taken (Please note if taken while under our care): _____
All medication taken while under our care requires a signed doctor's form. SeaTac staff must hold all medication.

The information on this form was provided by _____ Date _____

****PLEASE TURN OVER TO COMPLETE****

Please list everyone who may pick up your child

** Note: Parent/Guardians listed on the front are assumed authorized to pick up, unless otherwise noted*

** Everyone who picks up your child will need to have picture ID.*

	Name	Cell Phone	Alternate Phone (optional)	Relationship
1.				
2.				
3.				
4.				
5.				

For Before and After School Parents only:

Start Date:

Please check the days you plan on your child attending during the school year:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					