SPECIALIZED PROGRAMS SUMMER 2019

ADULT SUMMER PROGRAMS

JOIN US AND HAVE A BLAST!

www.seattle.gov/parks
This is a City Wide Event - Supervision will not be provided by Specialized Programs Staff.

*You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE
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REGISTRATION

Registration begins at 8 a.m. on the dates listed below by calling 206-684-4950. Please note when you register if you come by Access and if you are using DDA Respite care or qualified for a scholarship.

Register upon receipt of brochure: .................................................. Golf, Softball, Starlight Social, and Southend Social
Registration opens Tuesday, June 4 .................................................... Camp Long #1
Register Wednesday, June 5 ................................................................. Cooking
Registration opens Thursday, June 6 .................................................... Try New Things (TNT)
Registration opens Wednesday, June 12 ............................................... Summer Sightseeing
Registration opens Thursday, June 13 .................................................... Adult Socials
Registration opens Tuesday, June 25 .................................................... Camp Long #2
Registration opens Tuesday, July 16 .................................................... Camp Long #3

VOLUNTEER WITH SPECIALIZED PROGRAMS!

Work with participants to help make their recreational experience enjoyable. We are looking for volunteers, 18 years and older, to share their time in assisting with our sports programs, youth after school activities, cooking, and social programs.

SIGN UP FOR OUR E-NEWSLETTER. CHECK US OUT ON FACEBOOK, TOO!
CODE OF CONDUCT

Any participants conduct that is disruptive or unsafe to participants or staff may result in being sent home early that day or unable to attend on a permanent basis for the quarter.

This will be decided on a case-by-case basis and is at the discretion of the program leadership staff. Such conduct includes, but is not limited to: Destruction of property, harming oneself or another, or refusal to follow the minimum safety requirements to participate in activities. All incidents will be documented and reported to direct caregivers in a timely manner.

IMPORTANT INFORMATION REGARDING ACCESS SERVICE

The Americans with Disabilities Act (ADA) requires that transit agencies like Metro and Sound Transit make their bus and rail services user-friendly for people with disabilities. The ADA also requires transit systems to have a paratransit service when someone can’t take the bus or rail because of their disability. In King County, ADA paratransit services are provided by Metro’s Access Transportation Services.

SERVICES OFFERED BY ACCESS

Subscription Service

This service is great when a participant wants to set up a ride to the same destination, at the same time, every week. Please state that you are going to a Seattle Parks and Recreation Program, and it can be set up for you immediately.

Door-to-Door

The driver will walk the participant to the doorway of the destination.

Hand-to-Hand

The driver must deliver the participant to the appropriate person at the destination. If you use this service, please have participants locate “Specialized Programs Staff”.

To apply for these services, please contact Access Customer Service:

📞 206-205-5000  📷 TTY: 206-749-4286

USING ACCESS FOR SPECIALIZED PROGRAMS ACTIVITIES:

We have had increasing numbers of participants coming to and from programs via Access Service. Due to this increase, issues have been raised that we would like you to be aware of when making arrangements for Access rides.

1. Each program in our brochure has a stated Access “drop-off appointment time” and a “pick-up window”. When you schedule your rides, please request only these stated times! Please note Access has “drop-off windows” and they have “drop-off appointment times”. Please use only the “drop-off appointment times” for our programs.

2. Please remember, if a participant arrives too early, the facility may not be open or Specialized Programs staff may not have arrived yet. If a participant’s pick up window is scheduled late, it will affect other programs that are following theirs.

3. When you register for programs, please state if the participant is going to be using Access to and/or from program.

4. If there is a consistent problem with early drop-off appointments or late pick-ups, we will call you to discuss the situation.

5. If you have any questions about our specific Access appointment times or pick-up windows, please call Specialized Programs at 206-684-4950.

6. If you have problems with the Access Service, please call Access at 206-205-5000 (TTY 206-749-4286) and talk with their Customer Service staff.
PAYMENT AND FINANCIAL SUPPORT

PAYMENT OPTIONS

➢ Payments for classes can be made by credit card - OR - by check.
➢ If paying by check, please make it payable to: City of Seattle within two weeks of registering.
➢ Mail check to: Specialized Programs, Attn: Linda, 4554 NE 41st Street, Seattle, WA 98105
➢ Note: For Field Trips, please bring cash on the day of the outings as fees are paid directly to the vendor/site, unless otherwise noted.

DDA RESPITE FUNDING

If you have DDA Respite Care we will apply it toward program registration fees. Please include the name of your Case Manager, their phone number, and email address with your registration forms. Please note that DDA funds do not apply toward field trips where participants bring cash with them to pay for services while on the field trip.

SCHOLARSHIP APPLICATIONS

We are offering scholarships to year round programs for all ages. Therefore, we are encouraging everyone to apply to receive reduced registration fees. Scholarships can reduce the amount to be paid on registration fees starting from 50% up to 80% based on total annual income and number of people supported on that income. The next Scholarship cycle runs 6/23/2019 - 6/21/2020. Apply early to have your application approved prior to summer registration.

For more information or questions regarding making payments, DDA, or scholarships please contact Kyle Bywater at 206-684-7548 or email kyle.bywater@seattle.gov.
WHAT’S COOKING?

Learn the basic skills for preparing and cooking a healthy meal. We will work on menu planning, basic cooking, knife skills, and kitchen safety. At the end of each class we will have made a complete meal, and will enjoy eating it together.

**Eligible:** All ability levels (no 1:1 supervision provided)

**Dates:** Mondays

**Sessions:**

**DELRIDGE COMMUNITY CENTER**
4501 Delridge Way SW, Seattle, 98106

**Session #1:** June 17, 24, and July 1

**Session #2:** July 15, 22, and 29

**Time:** 6:30-8 p.m.

**Cost:** $20 per session, due Friday, June 14

**Registration:** Call Specialized Programs at 206-684-4950 to register starting at 8 a.m. on Wednesday, June 5. You may register for one session and be placed on the waiting list for the other sessions.

**Access:** Drop-Off Appointment 6:45 p.m.
Pick-Up Window 8-8:30 p.m.

T.N.T. (TRY NEW THINGS) CLUB

This program is provided in a safe and welcoming environment that encourages participants to try new things. We explore new and familiar activities such as volunteer projects, arts and crafts, fitness, music, and of course, Bingo. Due to the popularity of this program, we offer 2 locations on different days. Both locations will be offering the same programs, so please register for just 1. Registration for each location will be limited to 40 participants, after which participants will be put on the wait list.

**Eligible:** All ability levels (no 1:1 supervision provided)

**Bring:** Sack lunch and drink

**Dates:** Tuesdays, June 18-August 13 OR Wednesdays, June 19-August 14

**Time:** 10:30 a.m.-1 p.m.

**Cost:** $20, due Friday, June 14

**Locations:**

**Tuesday Location:** Meadowbrook Community Center
10517 35th Ave. NE, 98125

**Wednesday Location:** Van Asselt Community Center
2820 S Myrtle St, 98108

**Access:** Drop-off Appointment: 10:45 a.m.
Pick-Up Window: 12:45-1:15 p.m.

**Registration:** Call Specialized Programs at 206-684-4950 to register starting at 8 a.m. on Thursday, June 6.
**STARLIGHT SOCIAL**
This weekly program offers structured group activities that build social skills, independence, and friendships! Join us for themed celebrations, dances, games, crafts, and more!

**Eligible:** All ability levels (no 1:1 supervision provided)
**Dates:** Tuesdays, June 18-August 13 (no program July 9)
**Time:** 6:30-8 p.m.
**Cost:** Free
**Location:** Miller Community Center, 330 19th Ave. E, 98112
**Access:**
Drop-Off Appointment: 6:45 p.m.
Pick up Window: 7:45-8:15 p.m.
**Registration:** You must register upon receipt of brochure by calling Specialized Programs at 206-684-4950. Please indicate at this time if you will be riding Access.

**Activities:**
- June 18 ...............Karaoke Night
- June 25 .............Games and Puzzles
- July 2 ................Make a Healthy Snack
- July 9 ...............No Program this Week
- July 16 ..............Luau Dance
- July 23 ..............Bingo and Prizes
- July 30..............Group Art Projects for the Showcase
- August 6 ..........Active Games
- August 13 .........End of Summer Party

**SOUTHEND SOCIAL**
This weekly program offers structured group activities that build social skills, independence, and friendships! Join us for themed celebrations, dances, games, crafts, and more!

**Eligible:** All ability levels (no 1:1 supervision provided)
**Dates:** Thursdays, June 20 – August 15
**Time:** 6:30-8 p.m.
**Cost:** Free
**Location:** Southwest Teen Life Center, 2801 SW Thistle St., 98126
**Access:**
Drop-Off Appointment: 6:45 p.m.
Pick up Window: 7:45-8:15 p.m.
**Registration:** You must register upon receipt of brochure by calling Specialized Programs at 206-684-4950. Please indicate at this time if you will be riding Access.

**Activities:**
- June 20 ...............Karaoke Night
- June 27 .............Make a Healthy Snack
- July 4 ................No Program this Week
- July 11 ..............Bingo and Prizes
- July 16 ..............Luau Dance
- July 25 ..............Team Spirit Night
- August 1 ..........Games and Puzzles
- August 8 ..............Group Art Projects for the Showcase
- August 15 .........End of Summer Party
SUMMER SIGHTSEEING TRIPS

Let’s explore the sights around Seattle and enjoy the summer weather and fresh air. Join us as we go to local museums, tours, and parks.

Eligible: All ability levels
(no 1:1 supervision provided)

Bring: Sack lunch and drink

Date: Thursdays

Time: 9 a.m.-4 p.m.

Cost: Depends on activity; please bring cash day of event.

Location: Densmore Building
8061 Densmore Ave. N, 98103

Access: Drop-Off Appointment: 9 a.m.
Pick-Up Window: 4-4:30 p.m.

Registration: Call Specialized Programs at 206-684-4950 to register starting at 8 a.m. on Wednesday, June 12. You may register for 1 of the 3 trips and request to be on the wait list for the others.

Activities and Dates:

June 27 ....................................... Bike Ride on Point Ruston, $10: Let’s take a drive down to Tacoma to check out beautiful Point Ruston! We will spend some time exploring the waterfront and taking turns riding on 4-8 person sit bikes.

July 18 ......................................... Lower Woodland Throw Back Day, $10: By request from participants, we will be headed down memory lane today and visiting Youth Camp. We’ll spend some time boating on the water, enjoy a picnic lunch at Youth Camp, and stay to watch the camp Entertainment.

August 8 ..................................... Forest Park Animal Farm & Funko Headquarters, $5: We will be heading up north to Everett to visit the Forest Park Animal Farm. After lunch at the park, we will stop at Funko Headquarters. Funko is a pop culture brand that designs collectable products that feature: Star Wars, Disney, Marvel, and DC Comics.

*You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE
GOLF

Learn to golf from the pros at Jackson Park Golf Course! Everyone can learn to golf whether you are a beginner or experienced. We encourage all levels to join us at this fun program. Professional golf instructors will work with our group and all equipment will be provided. Athletes will be given the choice to compete in a Special Olympics Tournament, but you do not have to compete to participate in this program.

Eligible:  
All ability levels (no 1:1 supervision provided)

Bring:  
Tennis shoes and weather appropriate clothing; golf equipment will be provided.

Date:  
Tuesdays, June 18-August 20

Time:  
6-7:30 p.m.

Cost:  
Free

Location:  
Jackson Park Golf Course, meet outside of the Pro Shop, 1000 NE 135th St., 98125

Access:  
Drop-Off Appointment 6 p.m.
Pick-Up Window 7:30-8 p.m.

Registration:  
You must register in advance by calling Specialized Programs at 206-684-4950 when you receive your brochure.

Weather Advisory:  
We will cancel practice by 4 p.m. if there are weather concerns.*

Important Dates:
June 18, Tuesday.......................Must pre-register and have your current Special Olympics paperwork turned in to Specialized Programs.

July 28, Sunday.......................Special Olympics Regional Golf Tournament.
August 17, Saturday ..............Special Olympics State Golf Tournament.

Weather Advisory for Golf and Softball*

We will cancel practice by 4 p.m. if there are weather concerns.

Heavy rain or threat of lightning – we will cancel program.

Air Quality – If the Air Quality Index is rated at or above “Unhealthy” levels we will cancel program. If it is rated “Unhealthy for Sensitive Groups” we will hold practice. We encourage you to make the best decision for yourself based on your own health needs. It will be considered an excused absence if you inform the head coach prior to not attending.
**SOFTBALL**

Join us at in West Seattle for an evening of softball! No matter your ability, a pro, new to the sport, t-ball, or individual skills, we have a team for you! It’s a great way to see your friends and get some exercise during the summer.

**Eligible:**
- All ability levels (no 1:1 supervision provided)

**Bring:**
- Wear tennis shoes and bring a baseball mitt if you have one.

**Date:**
- Wednesdays, June 19-August 14

**Time:**
- 6:30-8 p.m.

**Cost:**
- Free

**Location:**
- Riverview Playfield
  - 7226 12th Ave. SW, 98106

**Access:**
- Drop-Off Appointment 6:45 p.m.
  - Pick-Up Window 7:45-8:15 p.m.

**Registration:**
- You must register in advance by calling Specialized Programs at 206-684-4950 when you receive your brochure. You can pick 1 of the 3 outings and be on the waiting list for the others.

**Weather Advisory:**
- We will cancel practice by 4 p.m. if there are weather concerns (see page 9 for details).*

**Important Dates:**
- June 19, Wednesday .............. Must pre-register and have your current *Special Olympics paperwork* turned in to Specialized Programs.
- July 27, Saturday ..................... *Special Olympics Regional Tournament.*
- August 17-18, Sat/Sun .......... *Special Olympics State Tournament.*

*You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE
ADULT SOCIALS

This program is an evening social program that takes community outings around Seattle. Join us for a fun Friday night out with friends!

Eligible: All ability levels
(no 1:1 supervision provided)

Date: Fridays, June 28, July 19
and August 9

Time: 6-9:30 p.m.

Cost: $ Depends on activity,
please bring cash day of.

Location: Densmore Building
8061 Densmore Ave N
Seattle, 98103

Access: Drop-off Appointment 6 p.m.
Pick-up Window 9:30-10 p.m.

Registration: Call the Specialized Programs
Office at (206) 684-4950 to register
starting at 8 a.m. on Thursday,
June 13. You may choose 1 outing
and be on the waiting list for the
other 2.

Activities & Dates:

June 28 .......................................Seattle Sculpture Park and Ride
the Great Wheel, $20: Bring a sack
dinner to enjoy with friends at the
Seattle Sculpture Park before we hop on the Great Wheel and take in the city
skyline from above the waterfront!

July 19 .......................................Community Garden Work and Picnic Dinner, $20: A fun evening outside and a
picnic dinner.

August 9 .....................................Out to the Movies, $15: Let’s head indoors to beat the heat and catch a summer
blockbuster! Bring extra money if you want to purchase snacks.
ADULT CAMP 2019

Camp Long is a beautiful, scenic get-away in the middle of West Seattle complete with a rustic lodge and cabins. Each cabin is equipped with bunk beds and electricity. Picnic table, stone fireplace, and running water are available outside each cabin. Registration is limited to 50 campers. Due to staffing limitations we can only register 4 campers in wheelchairs per session without an assistant. We can take additional campers using wheelchairs if the individual has an aide.

Eligible: All ability levels (no 1:1 supervision provided)
Bring: Sleeping bag, pillow, clothes, and toiletries for 2 days plus extras.

Dates: See Below
Times: Friday at 6 p.m.-Sunday at 1 p.m.
Please no early check-in and eat dinner before you come on Friday.

Cost: $70/camp session (DDA respite and limited scholarships available).
Location: Camp Long, 5200 35th Ave. SW, 98126
Access: Drop-Off Appointment: Friday, 6:30 p.m.
Pick-Up Window: Sunday, 12:30-1 p.m.

Registration: Registration dates are listed below under each camp session. Call 206-684-4950 at 8 a.m. on these dates. Names are taken on a first call first serve basis, after that time names will be put on the wait list. After registering, mail in your completed Participant Information Form and payment by the due date. You only have to complete one form per summer.

Camp Dates, Themes and Important Dates:
#1) June 21-23 Theme: Pride Weekend
This weekend is all about bring proud of who you are and celebrating what makes us all so AMAZING!
Registration Begins: Tuesday, June 4 at 8 a.m.
Forms and fees due in our office by Tuesday, June 11.

#2) July 12-14 Theme: Under the Sea
Journey with us under the sea for a fun weekend filled with mermaids and sharks!
Registration Begins: Tuesday, June 25 at 8 a.m.
Forms and fees due in our office by Tuesday, July 2.

#3) August 2-4 Theme: Out of this World
Talent Show weekend got even bigger! This year we are shooting for the stars and it will be out of this world!
Registration Begins: Tuesday, July 16 at 8 a.m.
Forms and fees due in our office by Tuesday, July 23.

*You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE
**CAMP FEES AND PARTICIPANT INFORMATION FORMS**

Camp forms require the signature of a doctor if medications are required at camp. Each participant must have a completed form turned in BEFORE camp in order to attend. If forms and fees are not turned in by the date listed, you will be placed on the wait list.

Please make check/money order payable to: **City of Seattle**

Mail check with completed forms to: **Specialized Programs**
Attn: Linda, 4554 NE 41st St., Seattle, WA 98105

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**Directions to Camp Long from I-5 via West Seattle Freeway:**

- Take the West Seattle Freeway exit
- Go WEST on the West Seattle Freeway staying in the left lane, do not take any exits
- Continue up the hill and take the first LEFT on to 35th Ave. SW at the stop light
- Follow 35th Ave. SW up some rolling hills; passing West Seattle Stadium and Golf Course on your left
- After cresting the hill go about 2 more blocks and the entrance in to Camp Long will be on your left at Dawson St.
MEDICATION AUTHORIZATION

- A doctor’s signature is mandatory on the Participant Information Form.
- Our nurses are legally required to administer medication from the ORIGINAL prescription bottle.
- Do not pre-package camper’s medication(s).
- ALL medications will be administered from the original pill/liquid medication bottle.

**NOTE:** We will not be able to store medication between sessions.

**It will be important for you and your camper to:**

1. Check in with the nurse on the first day of camp in order to update the medical information and drop off any medication.
2. You will also need to check out with the nurse at the end of camp and pick up any unused medication.

SUPERVISION: As our camper-to-staff ratio is 4 to 1, we are unable to provide one-on-one supervision. Please provide an aide to accompany your camper if they require one-on-one supervision.

SUGGESTED CLOTHING LIST FOR OVERNIGHT CAMPERS

- Camp is a busy and fun time for all of us. Many of the activities get the camper dirty.
- Please send clothes that will not be damaged by a lot of activity.
- Please do not have campers bring valuable items/clothes because they might get lost or broken. **NOTE:** We are not responsible for items lost or broken at camp.

**Please Label Everything! Please keep in mind that there is limited space available.**

- Any Special Adaptive Equipment
- Diapers/Wipes (Bring extra)
- Flashlight
- Glasses/Case
- Hair Brush/Comb
- Jacket/Raincoat
- Long Pants
- Pajamas
- Pillow
- Shirts
- Shoes
- Short Pants
- Sleeping Bag
- Socks (Bring extra)
- Sweatshirts
- Toilet Kit
- Toothbrush/Paste
- Underpants (Bring extra)

**Electronic Devices:** Please do not send your camper to camp with electronic devices such as iPods, cell phones, MP3 players, video game devices, or portable DVD players, etc. They will hinder your camper’s experience. Inappropriate items will be taken away from your camper for the duration of the camp session.

Please call the Camp Director to discuss your camper’s use of an electronic communication device at camp.
OUR MISSION
We provide exceptional, accessible, and affordable citywide recreation programs and resources for individuals with disabilities and their families. Our specially trained staff develop, conduct programs, and with the advisory council, advocate for specialized opportunities in arts, fitness, and social activities for people with special needs.

- To improve the quality of life and strengthen community.
- Provide outreach and advocacy.
- Support a wide range of abilities.

ASSOCIATED RECREATION COUNCIL
For 43 years, the Associated Recreation Council (ARC) has provided recreation, lifelong learning programs and community-driven leadership in partnership with Seattle Parks and Recreation. With a goal of providing equitable access to citywide programs for Seattle residents of all ages, ARC works through 37 volunteer Advisory Councils to fulfill its mission of “building community through citizen engagement and participation in recreation and lifelong learning programs.” ARC is a 501c3 nonprofit organization. For more information, go to www.arcseattle.org.

YOUR ADVISORY COUNCIL
Most classes, workshops, sports and swim programs, special events and facility rentals are funded through the local advisory council, rather than from City of Seattle budgets. Revenues generated through program fees offset program costs to make these activities self-sustaining. We also rely on participation, donations, and contributions to maintain and upgrade equipment. Advisory council members create scholarship opportunities through grant writing and other fundraising activities.

JOIN US
Citizen direction and participation is essential to our success. Monthly meetings are held to talk about programs, policies, and financial issues. Our advisory council is always looking for new members. If you would like to get involved, please contact Kyle Bywater, 206-684-7548, for further information.

REFUND POLICY
It is the policy of Seattle Parks and Recreation and the Associated Recreation Council that:

- Anyone who registers for a class, special event or program that is cancelled for any reason by Parks and Recreation will receive a full refund.
- Anyone who registers for a trip, special event, and who requests a refund 14 days or more before its start (or before the second session of a class), may receive a refund minus a service charge of 10% of the class fee.
- Anyone who registers for a class and who withdraws from the activity fewer than 14 days before its start (or after the second session of a class), will receive no refund.
- There are no refunds or make-up classes for sessions missed due to illness or vacations.

PERSONS WITH DISABILITIES
Reasonable accommodations will be made on request for persons with disabilities. If you need sign language interpretation, auxiliary aids or other accommodations, call V/TDD 206-233-1509. If possible, please allow 10 working days advance notice for sign language interpretation or auxiliary aids. If a class or activity is scheduled in an area that is not barrier-free for wheelchairs, we will make every effort to help you find a similar program in an accessible location. As a matter of policy, law, and commitment, Seattle Parks and Recreation does not discriminate on the basis of sexual orientation, political ideology, age, creed, religion, ancestry, national origin, or presence of any sensory, mental, or physical handicap. (Seattle Municipal Code 18.12.180).

FEES & CHARGES
Specialized Programs provides programs and activities listed under an agreement with the Associated Recreation Council. Fees collected by the Specialized Programs Advisory Council are used to offset the cost of providing the programs. Twelve percent of each program registration fee is used to defray overhead costs. Eighty-eight percent of each program registration fee is related to the direct cost of providing the program, class or activity. Class and program fees include WA state sales tax where applicable.
Participants of all ages, families, and friends are all invited as we shift from Summer into Fall with an End of Summer Barbeque. Please register in advance to attend this special event. Hot dogs, hamburgers, beverages, plus sides, and all the fixin’s will be provided. Stay for family friendly activities as the sun goes down.

- **Eligible:** All, plus friends and family
- **Date:** Saturday, September 7
- **Time:** 4-6:30 p.m.
- **Cost:** $12 for adults; $8 for youth ages 5 to 12; and free to children 4 and under (payable day of)
- **Location:** Laurelhurst Community Center 4554 NE 41st St., 98105
- **Access:** Drop-Off Appointment 4 p.m.  
  Pick-Up Window 6:30-7 p.m.
- **Registration:** You must register in advance by calling Specialized Programs at 206-684-4950.

**Any questions?**  
Please call Specialized Programs at 206-684-4950.
SECTION 1: Participant Information and Authorization

Please complete this form and submit to Specialized Programs; this information is required for participation. We request that this information be reviewed and updated once per year. This information is considered confidential and is used only to help staff meet the needs of the Participant. Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated. If there are any changes in the information on this form, please contact staff immediately to update, our office number is 206-684-4950. Please Print

### Participant and Parent or Guardian Information

<table>
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<tr>
<th>Participant Name (First &amp; Last)</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Gender Neutral</th>
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<th>City</th>
<th>Zip</th>
<th>School</th>
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<tr>
<th>Name of Parent, Guardian or other Signatory for Participant (First and Last)</th>
<th>Student ID #</th>
<th>Grade</th>
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<th>Day Phone</th>
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<th>Evening Phone</th>
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<th>Address (if different from above)</th>
<th>City</th>
<th>Zip</th>
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<tr>
<th>Relationship to Participant</th>
<th>Language(s) Spoken at Home</th>
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<tr>
<td>Parent</td>
<td>Foster Parent</td>
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<tr>
<td>Guardian</td>
<td>Case Manager</td>
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<th>Name of Group Home or Agency Name (if applicable)</th>
<th>Administrator/Staff Name</th>
<th>Phone</th>
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<th>Address</th>
<th>City</th>
<th>Zip</th>
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<tr>
<th>Participant would like to request or apply for</th>
<th>DDA Case Manager Name and Phone Number</th>
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<tr>
<td>DDA Respite Funds</td>
<td>Scholarship*</td>
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<tr>
<td>*A separate scholarship application is required</td>
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### General Authorization and Information

This Participant has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip, by means of walking, public bus, Department van, yellow or charter bus. □ YES □ NO Initial Here

This Participant has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. □ YES □ NO Initial Here

Swimming Ability | □ Non Swimmer | □ Beginner | □ Intermediate | □ Advanced

Program staff have permission to apply sunscreen to this Participant during programs. □ YES □ NO Initial Here

This Participant may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications. □ YES □ NO Initial Here

### Transportation and Access Information

Please help us identify the transportation methods the Participant will be using to get to and from programs by completing the section below. Please contact us if there are any special circumstances staff should know in regard to transportation.

This Participant has permission to walk or take public transportation to and from programs. □ YES □ NO Initial Here

**Does the Participant use Metro’s Access Service?** □ YES □ NO

**Does this Participant require Hand to Hand service?** □ YES □ NO **Door to Door service?** □ YES □ NO

<table>
<thead>
<tr>
<th>Access Van Company</th>
<th>Phone Number</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Van Company, School Bus, or other form of Transportation</th>
<th>Phone Number</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Name (First) (Last)

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION AND INFORMATION
The parent or guardian will be contacted first in case of emergency (after 911). Please list additional parents, family members, and others you would like us to contact if we cannot reach you in an emergency or for transportation reasons.

<table>
<thead>
<tr>
<th>1) Contact Name (First and Last)</th>
<th>Relationship to Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>2) Contact Name (First and Last)</td>
<td>Relationship to Participant</td>
</tr>
<tr>
<td>Day Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

PARTICIPANT SIGN-IN AND SIGN-OUT PROCEDURES FOR MINORS ENROLLED IN YOUTH SUMMER CAMP
The parent, guardian or other person listed above authorized by the parent to take the minor to and from the center or program site shall sign in the Participant on arrival and sign out the Participant at departure using a full, legal signature.

LEGAL DOCUMENTATION INFORMATION
Please complete the information below that pertains to the Participant, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and in effect in the State of Washington.

<table>
<thead>
<tr>
<th>Parenting Plan</th>
<th>Restraining Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO Expiration Date _________________________</td>
<td>☐ YES ☐ NO Expiration Date _________________________</td>
</tr>
<tr>
<td>If yes, provide a copy for Participant's program file</td>
<td>If yes, provide a copy for Participant's program file</td>
</tr>
</tbody>
</table>

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including, but not limited to, recreation activities and classes, summer camp, after-school programs, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of the Participant being permitted to participate in any way in the EVENT(S), I agree:

I know the nature of the EVENT(s) and the Participant’s experience and capabilities, and believe the Participant to be qualified to participate in the Event(s). The Participant and I will inspect the premises, facilities, and equipment to be used or with which the Participant may come in contact to ensure it is safe to our satisfaction. I have spoken with the Participant about the dangers of the activities and the fact that the Participant could-for a variety of known, unknown, foreseeable and unforeseeable reasons, including negligence of the City of Seattle, its employees and volunteers, officers and agents-be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death (“risks”). Even understanding these risks, I consent to the Participant’s participation in the Event(s) and assert that the Participant is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releases: the City of Seattle, its employees and volunteers, officers and agents. My acceptance of these risks includes releasing and agreeing not to sue the releases. I also agree to indemnify and save and hold harmless the releases and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releases identified above based on an injury to the Participant, whether the claim is based on the negligence of the releases or otherwise and whether the claim is made by me, is made on behalf of the Participant, or is otherwise made.

X
Signature of Parent, Guardian or other Signatory

Printed name of Signatory

Date
# SECTION 2: Medical History

<table>
<thead>
<tr>
<th>Participant Name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(First)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Last)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (In)</th>
<th>Weight (Lbs)</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
</table>

- **Does the Participant need 1 on 1 supervision?**
  - □ YES
  - □ NO

- **Is direct line of sight required?**
  - □ YES
  - □ NO

- **Will Participant be accompanied by an attendant?**
  - □ YES
  - □ NO

  - If yes, please fill in the information below

<table>
<thead>
<tr>
<th>Attendant’s Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Physician Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Insurance Company</th>
<th>Policy Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred Hospital for Treatment</th>
</tr>
</thead>
</table>

---

**This Participant experiences the following:**

Please check ‘None’ or all that applies. Providing this information will help us to ensure the Participant has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act. Unless you have religious objections, we cannot allow the Participant to participate without this information and the included authorizations.

If you have religious objections, please submit a written statement of those objections.

<table>
<thead>
<tr>
<th>None</th>
<th>ADD</th>
<th>ADHD</th>
<th>Allergies</th>
<th>Currently Taking Medications at</th>
</tr>
</thead>
</table>
| □    | □   | □    | □         | □ Home
| □    | □   | □    | □         | □ School
| □    | □   | □    | □         | □ Program
| □    | □   | □    | □         | □ None

**MOBILITY-WALKS**

- □ Independent
- □ With Support

<table>
<thead>
<tr>
<th>Balance Issues</th>
<th>Crutches</th>
<th>Cane or Walker</th>
</tr>
</thead>
</table>

**WHEELCHAIR**

- □ Power (please keep power cord with chair)

<table>
<thead>
<tr>
<th>Manual (select one below)</th>
</tr>
</thead>
</table>
| □ Independent
| □ Dependent |

**TRANSFERS**

- □ Independent
- □ With Support

<table>
<thead>
<tr>
<th>Stand-by Supervision</th>
<th>To Toilet</th>
<th>In and Out of Bed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>To Floor</th>
<th>Assist – 1 person</th>
<th>Assist – 2 people</th>
</tr>
</thead>
</table>

**Comments**

**ADAPTIVE DEVICES**

- □ None
- □ Splint
- □ Other -

<table>
<thead>
<tr>
<th>CPAP</th>
<th>Braces (type)</th>
<th>Prosthesis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dentures</th>
<th>Glasses</th>
<th>Shunt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmet</td>
<td>Hearing Aid</td>
<td></td>
</tr>
</tbody>
</table>

*Please label devices with Participant’s name and instructions for use whenever possible.*

**SEIZURES**

- Does the Participant have a history of seizures?
  - □ YES
  - □ NO

- Has the participant been hospitalized or received rescue medications?
  - □ YES
  - □ NO

- Do seizures typically last more than 3 minutes?
  - □ YES
  - □ NO

- Last hospitalization date: ________________

- What rescue medication was used: ______________________

- Describe what recovery is like: ______________________

*If the Participant has a seizure protocol, please attach it with any additional information on a separate sheet.*

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## Seattle Parks and Recreation Specialized Programs

**Participant’s Name** (First) ____________________________ (Last) ____________________________

### Allergies (please list any known allergies)

<table>
<thead>
<tr>
<th>Food Allergies</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food allergic to –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Food Allergic to –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mild</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inhaler</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Insects (type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Epi-Pen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pollens</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mild</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What needs to be done if an allergic reaction occurs?

### Eating

- ☐ No Assist
- ☐ Partial Assist
- ☐ Total Assist
- ☐ Tube Fed

### Food Preparation

- ☐ None
- ☐ Chopped
- ☐ Blended
- ☐ Other -

### Dietary Needs

Please describe any special diet ____________________________.

Please list any particularly disliked foods ____________________________.

Will the Participant be bringing personal food to programs? ☐ YES ☐ NO If yes, please list ____________________________.

Are there any foods the Participant must avoid or be controlled for? ☐ YES ☐ NO If yes, please list ____________________________.

### Toileting

<table>
<thead>
<tr>
<th>No Assist</th>
<th>Partial Assist</th>
<th>Total Assist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catheter</th>
<th>Yes</th>
<th>No (list type) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments -

For females, what is the approximate date of menstrual cycle?

### Over the Counter Medication

Can Over-the-Counter medications be administered to the Participant while in programs? ☐ YES ☐ NO

I would prefer a telephone call from staff before Over-the-Counter medications are administered ☐ YES ☐ NO

<table>
<thead>
<tr>
<th>Medication</th>
<th>Check yes if OK to give</th>
<th>Dosage</th>
<th>Medication</th>
<th>Check yes if OK to give</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol</td>
<td>☐ YES ☐ NO</td>
<td></td>
<td>Pepto Bismol</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>☐ YES ☐ NO</td>
<td></td>
<td>Tums</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>Benadryl</td>
<td>☐ YES ☐ NO</td>
<td></td>
<td>Other -</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
<tr>
<td>Sudafed</td>
<td>☐ YES ☐ NO</td>
<td></td>
<td>Other -</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>
Seattle Parks and Recreation Specialized Programs

Participant's Name (First) ____________________________ (Last) ____________________________

**MEDICAL HISTORY**
Does or has the Participant had any of the following (record date where applicable)

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Defect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decubitus Ulcer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION HISTORY**
Write the date of basic immunizations, and most recent booster, or write “unknown” and initial

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (T.B.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION**
(please check all that apply)

- Verbal
- Verbal (With some language impairment)
- Verbal with Adaptive Equipment
- Communication Board
- Communication Book
- Electronic Communication
- Non-Verbal
- Gestures
- Sign Language

**BEHAVIORS**
Does the Participant have a current Behavior Plan?  □ YES  □ NO  If yes, briefly describe the nature of the plan and include a copy of the plan on a separate sheet

- How can we encourage positive behaviors?
- How can we prevent and discourage problem behaviors?
- What types of noises, activities, or situations bother the Participant?
- What are his or her reactions?
- Does the Participant have any other sensitivity?
- Please describe the Participant’s sleeping habits (wets bed, night lights, etc.)

**WANDERING**

- YES  □ NO  If yes, what are the triggers?

- Please tell us anything else pertaining to the needs of the Participant

*If there is any additional information to include, please attach additional pages of information.*
SECTION 3: Medical Treatment Authorization

Message to Parent, Guardian or other Signatory: Medical Treatment Authorization must be signed by a physician and is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. State law prevents our personnel from administering medication unless we have a signed note from a physician stating dosage and procedure. If medication is required to be administered during programs, please bring this form and the medication in its prescription bottle and give it to a staff member. All medications must be dispensed by a staff member. Please do not leave medications in the possession of the Participant or with his or her personal belongings. Write the time the medicine needs to be given. Let us know if the medication needs to be stored in a special way, i.e., in the refrigerator, or away from sunlight. Thank You!

Participant Full Name – Please Print: First Middle Initial Last Date of Birth

Does the Participant have any known drug allergies: □ YES □ NO If yes, please list here ____________________________________________________________

OTHER SPECIAL TREATMENTS: Will the Participant need any special treatments ordered by a Doctor while in program? □ YES □ NO If yes, please explain ____________________________________________________________

☐ No - Medication not taken at camp (Parent/Guardian please sign Medical Authorization below. Physician signature is not required)

MEDICAL AUTHORIZATION
I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named Participant when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named Participant to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of the Participant’s accident or illness. I assume full financial responsibility for emergency treatment for the participant. I authorize the program staff to give the above listed medication(s) and/or treatment(s) to the Participant.

X
Signature of Parent, Guardian or other Signatory

☐ Yes - Medication is taken while at camp (Parent/Guardian please sign Medical Authorization - Physician Signature is mandatory)

CURRENT MEDICATIONS
<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Method of Administration</th>
<th>Time(s) Taken (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Orally, with water, apple sauce, injection or other</td>
<td>Wake Up Breakfast Lunch Afternoon Dinner Bed-Time</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do any medications require special handling? □ YES □ NO If yes, which ones ____________________________________________________________

Comments -

X
Physician Signature

Physician Name (please print) Date
SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Please submit to: Specialized Programs, 4554 NE 41 St. Seattle, WA 98105

June 23, 2019 – June 21, 2020

Applicant Information

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Contact Info.:  

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

Specialized Program Request

<table>
<thead>
<tr>
<th>Youth Summer Day Camp</th>
<th>Youth Summer Overnight Camp</th>
<th>Adult Summer Overnight Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1: ☐</td>
<td>Week 3: ☐</td>
<td>Week 1: ☐</td>
</tr>
<tr>
<td>Week 2: ☐</td>
<td>Week 4: ☐</td>
<td>Week 2: ☐</td>
</tr>
</tbody>
</table>

participant Information

The below categories are used only for statistical purposes.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birthdate:</th>
<th>Age:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Youth</td>
<td>☐ Adult</td>
<td>☐ Male</td>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ Senior Adult (50+)</td>
<td>☐ Gender</td>
<td>☐ Gender</td>
<td>☐ Gender</td>
</tr>
</tbody>
</table>

| Ethnicity: | ☐ Asian | ☐ Black | ☐ Hispanic | ☐ White | ☐ Two or More Races | ☐ Native Am./Alaskan Native | ☐ Native Hawaiian/PI. |
|------------|--------|--------|------------|--------|---------------------|---------------------------|

Please describe who or where the participant lives:

☐ With Parent(s) ☐ Other Family ☐ Group Home ☐ Foster Family ☐ Other (specify) ______________________________

<table>
<thead>
<tr>
<th>Address: (if different than applicant)</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Primary Phone</th>
<th>Secondary Phone</th>
</tr>
</thead>
</table>

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents

<table>
<thead>
<tr>
<th>Number of people in household:</th>
<th>Total Family Income: $</th>
<th>☐ Yearly Income or ☐ Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1040 income tax form (most recent)</td>
<td>☐ Proof of Disability Pay (SSI)</td>
<td>☐ Gross paycheck stubs before taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)</td>
</tr>
<tr>
<td>☐ Proof of Social Security Benefits (SSA or SSA-1099)</td>
<td>☐ Unemployment statement</td>
<td>☐ City of Seattle Utility Discount program qualification (50% scholarship only, provide bill statement)</td>
</tr>
<tr>
<td>☐ Current TANF/ Welfare</td>
<td>☐ Proof of Retirement</td>
<td>☐ Child support payments (not used as main verification only for additional income)</td>
</tr>
<tr>
<td>☐ Full-time Student verification (Class Schedule and Financial Aid Paperwork)</td>
<td>☐ Birth certificate</td>
<td>☐ Other: Please list type of document:</td>
</tr>
</tbody>
</table>

SEATTLE PARKS AND RECREATION SITE USE ONLY

<table>
<thead>
<tr>
<th>Site:</th>
<th>Site Staff Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

SCHOLARSHIP OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Scholarship %:</th>
<th>Pool Scholarship %:</th>
<th>Approved By:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Notes:
JOIN US AND HAVE A BLAST!