**WHERE TO FIND US**

**Specialized Programs**
4554 NE 41st St., Seattle, WA 98105
206-684-4950
www.seattle.gov/parks/find/specialized-programs

**PARKS MANAGEMENT**

Christopher Williams, Acting Superintendent
Katie Gray, Interim Recreation Director
Brenda Kramer, Manager, Special Units

**RECREATION STAFF**

Kyle Bywater, Coordinator, Specialized Programs
Linda Guzzo, Administrative Specialist 1
Jill Ellison, Youth Recreation Specialist and Camp Director*
Savannah Seiple, Recreation Leader
*For inquiries prior to the start of camp, please call (206) 615-0140.

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**INCLEMENT WEATHER POLICY**

If Seattle Public Schools are closed, our programs will also be cancelled. For further information, please call the Specialized Programs Office at 206-684-4950 before venturing out to our programs.

**DISCLAIMER**

Although we strive to be accurate, this brochure is published for information purposes only. Changes may be necessary to the content depending on levels of participation or other factors. Fees may change after printing and after City Council action on the City budget each year. Please visit www.seattle.gov/parks for updated information.

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**LOOKING FOR SOMETHING REWARDING TO DO?**

**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.

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**VIRTUAL Q&A WITH THE CAMP DIRECTOR**

Monday, June 3
6-6:40 p.m.

The Specialized Programs youth summer camp director will provide an overview of what can be expected on a typical day of overnight or day camp. Bring your questions, whether your child has gone to camp many times, or if this will be their first time attending!

To participate, please visit zoom.com and enter the meeting ID: 936 078 283

You may also call 1-408-638-0968 and enter the meeting ID.
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 and include it with your mail-in registration forms. You may pay only the deposit for each camp requested at time of registration, or the full camp balance.
➢ Mail check to: Specialized Programs, Attn: Linda, 4554 NE 41st Street, Seattle, WA 98105
➢ Note: For Teen Extreme, 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

This year Specialized Programs has a significantly increased scholarship fund and there are now more funds available than in previous years. For the first time 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.

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.
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 being held at Laurelhurst Community Center. 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., Seattle, 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.
TEEN EXTREME FRIDAYS
Teen Extreme Friday programs are designated for teens 13-21 to participate in fun outings away from the traditional camp setting. Teens registered in day camps can also register for Extreme Friday trips for the additional cost and registration. Teens that are not registered in day camps are also able to register for these Friday only trips.

- **Eligible:** Moderate to high ability level (no 1:1 supervision provided), Ages 13-21
- **Time:** 10 a.m.-3 p.m.
- **Cost:** $ Varies by date – **Cash only on the day of the outing**
- **Drop-Off / Pick up Location:** Lower Woodland, Park Shelter #6 5900 Aurora Ave. N, 98103
- **Access:** No Access on Fridays

SEATTLE SIGHTSEEING AND LAKE UNION ICE CREAM CRUISE
- **Dates:** Friday, July 19
- **Bring:** Bring sack lunch and cash.
- **Cost:** $15
- **Register:** Register online at http://bit.ly/spr_registration using barcode #17383

REMLINGER FARMS AND LUNCH OUT
Spend a day at the farm picking berries and then out for pizza lunch.
- **Dates:** Friday, July 26
- **Bring:** Cash (no sack lunch needed)
- **Cost:** $25
- **Register:** Register online at http://bit.ly/spr_registration using barcode #17384

WATER PARK FUN
Let’s head to Renton for some fun in the sun. Pack a swim suit, towel, sun screen, and water bottle. Cancellation Policy applies, see policy below.
- **Dates:** Friday, August 2
- **Bring:** Bring sack lunch and cash.
- **Cost:** $30
- **Register:** Register online at http://bit.ly/spr_registration using barcode #17386

END OF SUMMER DAY TRIPS
FERRY RIDE, PICNIC AND BEACH DAY
- **Dates:** Wednesday, August 21
- **Time:** 9 a.m.-2 p.m.
- **Bring:** Bring sack lunch and cash.
- **Cost:** $20
- **Register:** Register online at http://bit.ly/spr_registration using barcode #15521

BLUEBERRY PICKING AND LUNCH OUT
- **Dates:** Friday, August 23
- **Time:** 9 a.m.-2 p.m.
- **Bring:** Cash (no sack lunch needed)
- **Cost:** $20
- **Register:** Register online at http://bit.ly/spr_registration using barcode #15523.

Cancellation Policy: When registered for an activity that involves purchasing tickets for an event and you cancel before the event, you will be responsible for paying the full amount of the program’s cost before registering for any future programs. Thank you.
SAFETY AND BEHAVIOR POLICY

Any camper conduct that is disruptive or unsafe to camp, campers, or staff may result in being sent home early that day, unable to attend for the rest of the camp week, or unable to attend on a permanent basis. This will be decided on a case-by-case basis and is at the discretion of the camp leadership staff. Such conduct includes but is not limited to: destruction of camp property, harming oneself or another camper, or refusal to follow the minimum safety requirements to participate in camp activities. All incidents will be documented and reported to direct caregivers in a timely manner.

IMPORTANT INFORMATION REGARDING ACCESS SERVICE

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

1. Access service will pick up and drop off campers for camp. The drivers generally do not wait for staff members to show up. The Specialized Programs staff arrives 15 minutes prior to the beginning of a program. If Access drops off early, it is possible your child could be in a situation where there is no one to supervise them.

2. In speaking with Access Customer Service representatives, they have said to be VERY SPECIFIC when booking the ride. Please request only the below APPOINTMENT TIMES (for drop-off) and PICK-UP WINDOWS (for pick-up): Access will drop off your child no later than your scheduled “Appointment Time”.

   NOTE: If you do not get the below appointment time, it is VERY IMPORTANT that you contact the Coordinator or Youth Camp Director regarding this issue. Call the Specialized Programs Office 206-684-4950.

   Overnight Camp: Camp Long
   Street Address: 5200 – 35th Ave SW (corner of 35th SW and SW Dawson in West Seattle)
   Appointment Time: Tuesday, 5 p.m.
   Pick-Up Window: Friday, 11-11:30 a.m.

   Day Camp: Lower Woodland, Shelter #6
   Street Address: 5900 Aurora Avenue North
   Appointment Time: 10:30 a.m.
   Pick-Up Window: 2-2:30 p.m.

   REMINDER: No Access to be used on Woodland Day Camp Friday as it is Zoo Day.

3. You may want to give the Access driver a note / map that says that the Woodland Park Day Camp is located on 59th & Aurora Ave. N. It will lessen the confusion in locating the day camp. Camp is held at the Woodland Park picnic sites on the EAST side of Aurora (between Aurora Ave and Green Lake), not at the Zoo. Shelter #6 is by the lawn bowling area.

4. Please be aware that door-to-door service does not mean that the driver will walk the camper in to the program to make sure the staff know the child is there. That is not required of the driver. Therefore, it is vital that you inform the Specialized Programs staff that you (or the person you care for) are on Access service so our staff is looking for the individual.

5. Please understand that the Specialized Programs staff may have other programs they need to get to or that they are done working and have personal obligations. Every effort you can make to ensure Access arrives on time is appreciated.

   NOTE: If there is a consistent problem with early drop-off or late pick-ups, the Specialized Programs staff will call you to discuss the situation.
MEDICATION AUTHORIZATION

If your child takes medication:
• A doctor’s signature is mandatory on the Camper Information Form
• Our nurses are legally required to administer medication from the ORIGINAL prescription bottle
• Do not pre-package your child’s medication
• 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 child 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 child-to-staff ratio is 4 to 1, we are unable to provide one-on-one supervision. Please provide an aide to accompany your child 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 Equipment
✓ Blankets
✓ Diapers / Wipes (Bring extra)
✓ Duffle Bag
✓ Flashlight
✓ Glasses / Case
✓ Hair Brush / Comb
✓ Hat
✓ Jacket
✓ Long Pants
✓ Pajamas (Bring 2 sets)
✓ Pillow
✓ Raincoat
✓ Shirts
✓ Shoes
✓ Short Pants
✓ Sleeping Bag
✓ Slippers / Bathrobe
✓ Soap, Box
✓ Socks (Bring extra)
✓ Suitcase
✓ Sweaters
✓ Sweatshirts
✓ Toilet Kit
✓ Toothbrush / Paste
✓ Towel
✓ Underpants (Bring extra)
✓ Undershirts
✓ Wash Cloth

Electronic Devices: Please do not send your child to camp with electronic devices such as iPods, cell phones, MP3 players, video game devices, or portable DVD players, etc. We want your child to be engaged in camp activities.

Inappropriate items will be taken away from your child for the duration of the camp session.

Please call the Camp Director, Jill Ellison, at 206-615-0140 to discuss your child’s use of an electronic communication device at camp. Label all parts, chargers, plugs, etc.
REGISTRATION

Registration: Mail-in registration process. Registration will be confirmed once all required participant camp forms have been received. Camp usually fills by the end of April. Don’t wait to send in your forms!

Payment: $15 non-refundable deposit per camp, per child (only exception is if camper is using DDA funds)

Complete: Please mail payment and completed Registration and Participant Information forms to:

Specialized Programs
4554 NE 41st St • Seattle, WA 98105

REQUIRED CAMP REGISTRATION FORMS

In the back of the brochure there are 8 pages of forms that are required to be removed, completed, and mailed in with your payment.

We cannot accept any child at camp until we have all required paperwork on file at our office, this includes the Medication Authorization form which must be signed by a doctor if the camper takes medicine at camp.

✓ 2019 Registration Form
✓ Participant Information and Authorization Form
✓ Medical History
✓ Medical Treatment Authorization - *if the camper takes medication at camp*, a doctor’s signature is mandatory and is located at the bottom of the Medical Treatment Authorization form
✓ Scholarship Application (page 15) - *This form is optional, but highly recommended*

FOR QUESTIONS ONCE CAMP BEGINS

Please call our office at 206-684-4950 if:

✓ You will be arriving late to camp
✓ You are late in picking up your camper
✓ You will not be able to attend camp for any reason

TO REACH CAMP STAFF WHILE CAMP IS IN SESSION

If there is an emergency and you need to speak with camp staff immediately, the Camp Director cell phone number is 206-423-5884. This number is for emergency use only, after you have called the office. Staff may not always answer this phone right away, so leave a message if urgent.

*You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE*
Find 10 differences
You may pay with CREDIT CARD or make CHECK payable to: CITY OF SEATTLE

Call 206-684-4950 for Program information

Lower Woodland, Shelter #6
5900 Aurora Ave North
Seattle, 98103
(near lawn bowling area)
LOWER WOODLAND DAY CAMPS

Ages: 4-21
10 a.m.-3 p.m. Monday through Friday except where noted
Lower Woodland, Shelter #6
5900 Aurora Ave North, 98103 (near lawn bowling area)

Youth will be involved with games, arts and crafts, canoeing, and entertainment. Wednesdays are cookout days and lunch will be provided, all other days, campers must bring a sack lunch and drink. Fridays are Zoo Days (no Access that day). Contact Camp Director regarding special diets.

| Woodland 1 | July 1-3* | Red, White, and Blue |
| Woodland 2 | July 15-19 | Beyond the Galaxy |
| Woodland 3 | July 22-26 | Safari Week |
| Woodland 4 | July 29-August 2 | Mystery Week |

*No camp July 4-5; prorated camp fee $70

COST: $95 Per Session

ACCESS:
Drop-Off Appointment Time: 10:30 a.m.
Pick-Up Window: 2-2:30 p.m.
Note: No Access on Fridays due to Zoo Day.

Directions from I-5 North or South bound:

• Take the NE 50th St. exit.
• Turn left if on I-5 Northbound; right if on I-5 Southbound.
• Continue on NE 50th St. WEST.
• Turn right onto Stone Way N and prepare to turn left onto West Green Lake Way N before the Pitch & Putt golf course.
• From West Green Lake Way N (the Green Lake Aqua Theater will be on your right) turn left into the first parking lot by the tennis courts and go up the hill past the off leash area).
• Turn right at the bathrooms at the top of the hill and continue through the parking lot to Shelter 6 adjacent to the Lawn Bowling Center.

Directions from HWY 99 North bound -

There is no access to from South bound HWY 99:

• Take Aurora Avenue N (Highway 99) going NORTH.
• At North 50th St. you come to Woodland Park, the Zoo will be on your left (west side) and the Picnic Sites will be on your right (east side).
• Go under 3 pedestrian overpasses; after the 3rd overpass take the next right into the parking lot at North 59th St.
• This is the first street you can turn on to exit HWY 99 and it is a sharp right turn into a parking lot. Camp is right behind the lot in the large field.
• Make a left into the parking lot just adjacent to the Lawn Bowling Center.
**Camp Long Overnights**
5200 - 35th Ave SW
Seattle, 98126
(in West Seattle)

Call 206-684-4950 for Program information

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

**Ages: 6-21**  
5 p.m. Tuesday through noon on Friday  
Camp Long  
5200 – 35th Ave SW, 98126 (in West Seattle)  

Youth engage in arts and crafts, naturalist programs, nature walks, games, and entertainment. Youth need to bring a sack dinner for the first night, all other meals are provided. Contact Camp Director regarding special diets.

### Camp Long 1  
June 25-28  
Spirit Week

### Camp Long 2  
July 9-12  
Wild, Wild West Seattle

### Camp Long 3  
August 6-9  
Talent Week

### Camp Long 4  
August 13-16  
Paradise Week

**COST: $115 Per Session**

**ACCESS:**

- **Drop-Off Appointment Time:** 5 p.m. Tuesday  
  (Note: Please do not be early)

- **Pick-up Window:** 11-11:30 a.m. on Friday

### Directions from I-5:

- 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.

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**PAID INTERNSHIPS MAY BE AVAILABLE!**

Upon receipt of grant funding, Specialized Programs will be implementing the **OSPREY Internship Program** during Camp Long overnights. What is OSPREY?

**Opportunities in Specialized Programs Recreation Employment for Youth!**

Selected interns will gain meaningful job experiences where they will learn to work on a professional team, communicate with peers and adults, attend staff meetings, and develop skills related to facilitating recreation programs for youth with disabilities. Interns will be directly supervised by Specialized Programs staff. Campers are eligible for internships but will have “on-duty” hours. Camp fees will not be prorated for campers who are selected as interns.

For more information, eligibility criteria, and application instructions, please contact Jill at jill.ellison@seattle.gov or (206) 615-0140.
Scholarships Available for all ages

Visit your local community center, pool, or online at bit.ly/SPRSScholarships to learn more!

Thank you Seattle voters! Made possible by the Seattle Park District.
2019 REGISTRATION FORM

Reminder: ALL forms must be received two weeks prior to attending camp. Parent/Guardian must sign the Liability Waiver and the Medical Release. If medication is given at camp, a doctor’s signature is also required on the Medical Release form.

I understand I will need to provide an aide if my child requires 1-on-1 supervision. Initial here ______

Please “Check” ( √ ) The Desired Camp Session(s):
Please mark if your child uses a wheelchair (w/c) or walker. We can only accept 3 campers per session who are tube-fed, so please check if your child is tube-fed.

☐ Camper uses wheelchair/walker ☐ Camper is tube-fed ☐ Camper uses Access
☐ Camper is registering for following session(s) ☐ Camper has pre-registered for following session(s) ☐ Aide will accompany camper

CAMP LONG OVERNIGHT SESSION(s) Fee: $115 Please check desired session(s)

☐ Camp Long 1 June 25-June 28  Spirit Week
☐ Camp Long 2 July 9-July 12  Wild, Wild West Seattle
☐ Camp Long 3 August 6-August 9  Talent Week
☐ Camp Long 4 August 13-August 16  Paradise Week

WOODLAND DAY CAMP SESSION(s) Fee: $95 PLEASE NOTE: There is NO ACCESS on Fridays

☐ Woodland 1 July 1-July 3
   (*No camp July 4-5; prorated camp fee $70)  Red, White, and Blue
☐ Woodland 2 July 15-July 19  Beyond the Galaxy
☐ Woodland 3 July 22-July 26  Safari Week
☐ Woodland 4 July 29-August 2  Mystery Week

Child’s Name: (First) __________________________(Last) _____________________________  Age: ________

Sex: Male ☐ Female ☐ Gender Neutral ☐ Genderqueer/Androgyne ☐ Transgender ☐
☐ FTM (Female-to-Male) ☐ MTF (Male-to-Female)

Address: __________________________________________ City: ___________________________ Zip: _____________

Home Phone: (_____) _______________________  Business Phone: (_____) ________________________

Cell Phone: (_____) _______________________  E-Mail Address: __________________________________

Emergency Contact: ___________________________ Their Phone: (_____) _________________________

Parent / Guardian Name (Please Print): ______________________________________________________

☐ Camper Uses DDA Funding ☐ Case Manager Name: ____________________________________________
   Phone (_____) _______________________  E-Mail Address: ______________________________________

☐ Camper is approved for Scholarship

☐ Payment enclosed – Check payable to: City of Seattle $__________  Mail to: Specialized Programs
   4554 NE 41st St.
   Seattle, WA 98105

Credit Card Payment: Select one: ☐ Visa ☐ American Express ☐ Master Card  Exp. Date: _________

Card # (16 digit number): ________________________________________________________________
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.arceseattle.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 $5 or 10% of the class fee (whichever is greater).
- 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. 12% of each program registration fee is used to defray overhead costs. 88% 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.
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>
<thead>
<tr>
<th>Participant Name (First &amp; Last)</th>
<th>Age yrs</th>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Gender (fill in)</th>
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<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip</td>
<td>School</td>
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<tr>
<td>Name of Parent, Guardian or other Signatory for Participant (First and Last)</td>
<td>Student ID #</td>
<td>Grade</td>
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<th>Day Phone</th>
<th>Cell 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>
<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>
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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 ☐ Scholarship*</td>
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* A separate scholarship application is required

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<th>DDA Case Manager email:</th>
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<th>GENERAL AUTHORIZATION AND INFORMATION</th>
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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

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<th>TRANSPORTATION AND ACCESS INFORMATION</th>
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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

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<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>
Seattle Parks and Recreation Specialized Programs

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.

1) Contact Name (First and Last) Relationship to Participant
Day Phone - Cell Phone - Evening Phone - Email
Address City Zip

2) Contact Name (First and Last) Relationship to Participant
Day Phone - Cell Phone - Evening Phone - Email
Address City Zip

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, afterschool 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

Participant Name (First) ____________________________ (Last) ________________________

Height ______" Weight _____ lbs Eye Color ________ Hair Color ____________

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

Attendant’s Name ____________________________ Phone Number ____________________________

Physician Name ____________________________ Physician Phone -

Physician Address ____________________________ City ______ Zip ____________

Medical Insurance Company ____________________________ Policy Number ____________________________

Preferred Hospital for Treatment ____________________________

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.

☐ None ☐ ADD ☐ ADHD ☐ Allergies ☐ Balance Issues ☐ CPAP ☐ Braces (type) ________
☐ Asthma ☐ Asperger’s Syndrome ☐ Autism ☐ Behavioral Disorder ☐ Crutches ☐ Night Braces ☐ Prosthesis
☐ Developmental Disability ☐ Diabetes ☐ Hearing Impairment ☐ Learning Disability ☐ Cane or Walker ☐ Dentures
☐ Mental Disability ☐ Physical Disability ☐ History of Seizures ☐ Visual Impairment ☐ Independent
☐ Mobility-Walks ☐ Stand-by Supervision ☐ CPAP ☐ Hearing Aid
☐ With Support ☐ In and Out of Bed ☐ Independent
☐ Transfers ☐ Toilet ☐ To Floor ☐ Assist – 2 people
☐ Independent ☐ To Toilet ☐ To Floor ☐ Assist – 1 person
☐ Independent ☐ Otogi ☐ Power Please keep power cord with chair
☐ Stand-by Support ☐ To Toilet ☐ Manual (select one below)

Comments

ADAPTIVE DEVICES ☐ None ☐ Splint ☐ Other -
☐ Braces (type) ________ ☐ Night Braces ☐ Night Braces
☐ Prosthesis ☐ Dentures ☐ Helmet
☐ Shunt ☐ Glasses ☐ Hearing Aid

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.
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>Severe</td>
<td></td>
</tr>
<tr>
<td>Inhaler</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Asthma</td>
<td>Mild</td>
<td>Severe</td>
</tr>
<tr>
<td>Insects (type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Epi-Pen</td>
<td>Yes</td>
<td>NO</td>
</tr>
</tbody>
</table>

Food Allergic to -
Mild  Severe

Pollens
Mild  Severe

Other -

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
No Assist
Partial Assist
Total Assist
Other

BLADDER CONTROL
Normal
Partial
Incontinent
Reminders

BOWEL CONTROL
Normal
Partial
Incontinent
Reminders

AIDS USED
None
Bedpan
Diapers
Night-Time Depends

Catheter YES  NO  (list type) -

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>
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>Disease</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>Ear Infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Defect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>Hypertension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</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>Small Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (T.B.)</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>Vaccine</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>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other -</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.)

Does the Participant have a history of wandering? ☐ YES ☐ NO If yes, what are the triggers?

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

If possible, please include a recent photo of your child.

*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)

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

| 1.                  |                          |                                    |
| 2.                  |                          |                                    |
| 3.                  |                          |                                    |
| 4.                  |                          |                                    |
| 5.                  |                          |                                    |
| 6.                  |                          |                                    |

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>Adult Name or Parent/Guardian:</th>
<th>☐ Male ☐ Female</th>
<th>☐ Gender ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartment/Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Info.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specialized Program Request

<table>
<thead>
<tr>
<th>Youth General Scholarship</th>
<th>☐ Youth ☐ Adult ☐ Senior Adult (50+)</th>
<th>☐ Male ☐ Female ☐ Gender ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult General Scholarship</td>
<td>☐ Male ☐ Female ☐ Gender ________________</td>
<td></td>
</tr>
<tr>
<td>Youth Summer Day Camp</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Youth Summer Overnight Camp</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Adult Summer Overnight Camp</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</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>☐ Male ☐ Female ☐ Gender ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
<td>☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Two or More Races ☐ Native Am./Alaskan Native ☐ Native Hawaiian/PI.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>Email:</td>
<td>Primary Phone</td>
<td>Secondary Phone</td>
<td></td>
</tr>
</tbody>
</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

Site: | Site Staff Signature: | Date: |
|-------|-----------------------|-------|

SCHOLARSHIP OFFICE USE ONLY

Scholarship %: | Pool Scholarship %: | Approved By: | Date: |
|----------------|---------------------|--------------|-------|

Notes:
JOIN US FOR A FUN DAY AND GOOD CAUSE!

Help raise funds to support the Seattle Parks and Recreation’s Specialized Programs which offers recreation opportunities for youth and adults with disabilities. We encourage you, your family, and friends to take part in “Movin’ for Money” by either walking laps or shooting hoops to raise funds. Whatever your choice, let’s get movin’ as we raise money to support programs!

**Note:** There is a party and refreshments from 4-5 p.m. at the Meadowbrook Community Center, 10515 – 35th Ave NE, Seattle, 98125.

If you would prefer to support “Movin’ For Money” by sending in a donation, please make check/money order payable to “Specialized Programs” and mail it to:

Specialized Programs  
4554 NE 41st Street  
Seattle, WA 98105

Thank you for your support!

If you have any questions, please call our office at 206-684-4950.

**Access Pick-up Window for both Hoops / Walking is:**  
5-5:30 p.m. at Meadowbrook Community Center.