

2025 REGISTRATION FORM

Please fill out entire registration form.

Reminder: ALL forms must be received to register for 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 (this can be turned in after initial paperwork).

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

Registration limited to 5 camp sessions per camper (Campers can sign up for 2 weeks of day camp, waitlist for 2. Campers can sign up for 3 weeks of overnight camp and waitlist for 1.)

Please "Check" (✓) the desired camp session(s), as well as if any of the below applies to the camper registering.

- | | |
|--|---|
| <input type="checkbox"/> Camper uses wheelchair/walker | <input type="checkbox"/> Camper is tube-fed |
| <input type="checkbox"/> Camper uses Access Transportation | <input type="checkbox"/> Aide will accompany camper |

DAY CAMPS: Campers can sign up for 2 weeks of day camp and waitlist for 2

RAVENNA PARK DAY CAMP SESSIONS – Check desired WL session(s)

- | | | | |
|---|----------------|----------------------|---------------------|
| <input type="checkbox"/> Ravenna Park 1 | June 30-July 3 | Nature Week | \$150 (4 days only) |
| <input type="checkbox"/> Ravenna Park 2 | July 21-25 | Carnival Week | \$175 |

SEWARD PARK DAY CAMP SESSIONS – Check desired WL session(s)

- | | | | |
|--|------------|-------------------------------|-------|
| <input type="checkbox"/> Seward Park 1 | July 14-18 | Disney Week | \$175 |
| <input type="checkbox"/> Seward Park 2 | Aug 11-15 | Fairytale/Fantasy Week | \$175 |

OVERNIGHT CAMPS: Campers can sign up for 3 weeks of overnight camp and waitlist for 1

CAMP LONG OVERNIGHT SESSIONS - Check desired WL session(s)

- | | | | |
|--------------------------------------|---------------|-----------------------|-------|
| <input type="checkbox"/> Camp Long 1 | July 7-11 | Superhero Week | \$220 |
| <input type="checkbox"/> Camp Long 2 | July 28-Aug 1 | Spirit Week | \$220 |
| <input type="checkbox"/> Camp Long 3 | Aug 4-8 | Talent Week | \$220 |
| <input type="checkbox"/> Camp Long 4 | Aug 18-22 | Under the Sea | \$220 |

Camper's name: (First) _____ (Last) _____ Age: _____

Sex: ☐ Female ☐ Male ☐ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone (include area code): _____ Cell Phone: _____

Email Address: _____

Parent / Guardian Name: (Please Print) _____

☐ Camper Uses DDA Funding: If yes, please fill out the following information:
Case Manager Name: _____ Phone: _____
Case Manager Email: _____

☐ Camper is approved for Scholarship.

☐ Payment enclosed - Check payable to: City of Seattle \$ _____

Mail to: **Specialized Programs • Magnuson Building 30 • 6310 NE 74th St. • Seattle, WA 98115**

☐ Credit Card Payment - Specialized Programs staff will reach out to you by phone to take payment.

ADDITIONAL INFORMATION:

- Registration will be done on a first come, first served basis.
- If your camper takes medication at camp, a doctor's signature is required and will be needed two weeks prior to attending camp; registration and the rest of the Participant information Forms can be sent in before signature is acquired, so everyone gets a fair chance for getting into camp.