

2019 Camp PIERCE Registration Form

Pre-register by June 21. Sign up for one week at a time or all six weeks:

- | | | | | | |
|--------------------------|--------|---------|----------------|-------------------------|-------|
| <input type="checkbox"/> | #13716 | Week #1 | July 8-12 | Movie Theater | \$100 |
| <input type="checkbox"/> | #13717 | Week #2 | July 15-19 | Point Defiance Zoo | \$100 |
| <input type="checkbox"/> | #13718 | Week #3 | July 22-26 | Dave & Busters | \$100 |
| <input type="checkbox"/> | #13179 | Week #4 | July 29-Aug. 2 | Bowling | \$100 |
| <input type="checkbox"/> | #13720 | Week #5 | August 5-9 | Rainier's Baseball Game | \$100 |
| <input type="checkbox"/> | #13721 | Week #6 | August 12-16 | Pioneer Village | \$100 |

Participant's Name _____

Date of Birth _____ Age _____ Male / Female

Participant's T-Shirt Size: Adult S__ M__ L__ XL__ XXL__

Parent/Guardian's Name _____

Address _____

City _____ Zip _____

Home Phone _____ Day Phone _____

Email _____

Emergency Name and Day Phone (other than parent or guardian):

Is the participant taking medicine of any kind? Please list:

If participant requires medication, indicate time to be taken during camp:

_____ a.m. _____ p.m.

Diagnosis (laymen's terms): _____

Please list allergies (food and/or medications): _____

Name and phone number of 1-to-1 assistant if required:

Are there any special precautions or any Life-threatening health concerns we will need to be aware of? *If so, please attach.*

OTHER INFORMATION:

Camp PIERCE will primarily be held out in the community. Within the community noise, climate, sights and crowds can become overwhelming. If the participant becomes overwhelmed, what suggestions or strategies can you give to help calm and ensure that he/she is successful?

Camp PIERCE 2019 Registration Form

(Check appropriate box)

Yes No

Does the camper have a RRF? Yes No

Does the camper have blackout spells? Yes No

Does the camper sunburn easily? If so, send sunscreen daily. Yes No

Can the camper dress and change clothes alone? Yes No

Will the camper take and follow basic instructions or directions? Yes No

Is the camper able to read independently? Yes No

Is the camper able to write independently? Yes No

Can your camper ambulate for a distance of at least two city blocks without needing to stop? Yes No

Does your camper use any special equipment to ambulate (walker, wheelchair, crutches, etc.)? Yes No

If so what? _____

Will the camper use Pierce Shuttle to transport to and/or from Camp PIERCE? Yes No

Will the camper be receiving DSHS/DDA assistance? Yes No
If yes, please list agency name, contact name, and phone number:

Camp PIERCE will be out in the community the majority of the time and bathrooms will not always be immediately available.

Is your camper able to identify and indicate that he/she needs to use the bathroom at least 15 minutes before it becomes an "emergency"? Yes No

Will your camper use the bathroom when instructed? Yes No
For instance, if instructed will he/she use the bathroom prior to leaving the Lakewood Community Center?

Can your camper use the bathroom without assistance? Yes No

CONSENT:

I give my consent to Pierce County Parks and Recreation to photograph my child and to use such pictures and or/stories in connection with the program activities. I hereby request that my child be permitted to attend the Recreation Program for individuals with special needs and authorize the director of the program to act for me according to his/her best judgement and ability in any emergency requiring medical care.

X _____

Signature (Parent or Legal Guardian)