



Teen Registration Form

City of SeaTac Parks & Recreation Department

2025-2026

**Note: It is the parents' responsibility to inform SeaTac staff when information below changes*

Participant's Name _____

Address _____ Cell Phone _____

City/Zip _____ Birth date _____

Camper's e-mail address _____ Pronouns _____

School _____ Student ID# _____ Grade in Fall 2025 _____

Lives With _____

Parent/Guardian Name _____ Relationship _____

Address _____ Phone _____

City/Zip _____ Alternate Phone _____

E-mail address: _____

Parent/Guardian Name _____ Relationship _____

Address _____ Phone _____

City/Zip _____ Alternate Phone _____

E-mail address: _____

Emergency Contacts (other than parent/guardian)

Name	Phone	Relationship
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Medical Information

Doctor's Name _____ Phone _____

Preferred Hospital _____

Does your teen have any allergies? (Circle One) Yes/No If yes, please list: _____

Any limitations to participation? _____

Other useful medical information? _____

Please note: All medication (prescribed or over the counter) requires a separate form to be signed by a physician.
SeaTac staff must hold all medication.

Discipline suggestions _____

Any other helpful information for working with your teen _____

The information on this form was provided by _____ Date _____