



**2025-2026**  
**CITY OF SEATAC PARKS & RECREATION**  
**Rec'N Crew Youth Registration Form**

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Pronouns** \_\_\_\_\_  
**City/Zip** \_\_\_\_\_ **Birth date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade in Sept. 2025** \_\_\_\_\_  
**Teacher's Name 2025-2026 school year:** \_\_\_\_\_  
**Discipline suggestions** \_\_\_\_\_  
**Any other helpful information for working with your child** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_  
**Phone #'s:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ **Lives with Child?: Yes/No (Circle One)**

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_  
**Phone #'s:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ **Lives with Child?: Yes/No (Circle One)**

**Medical Information**

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Does your child have any allergies? (Circle One) Yes/No**

**If yes, please list and briefly explain their symptoms when they have an allergic reaction:**

\_\_\_\_\_  
\_\_\_\_\_

**Any limitations to participation?** \_\_\_\_\_

**Other useful medical information?** \_\_\_\_\_

\_\_\_\_\_

**Medication Taken (Please note if taken while under our care):** \_\_\_\_\_  
*All medication taken while under our care requires a signed doctor's form. SeaTac staff must hold all medication.*

**The information on this form was provided by** \_\_\_\_\_ **Date** \_\_\_\_\_