



2026-2027
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. 2026** _____
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 _____

Please list everyone who may pick up your child

** Note: Parent/Guardians listed on the front are assumed authorized to pick up, unless otherwise noted*

** Everyone who picks up your child will need to have picture ID.*

Name	Cell Phone	Alternate Phone (optional)	Relationship
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		
4.	<hr/>		
5.	<hr/>		

For Before and After School Parents only:

Start Date:



SeaTac Parks & Recreation Department Permission Form, Liability Waiver, Release, & Indemnity Agreement

Participant's Name _____

Authorization of Acceptance:

I hereby give permission for _____ to attend and participate in classes, activities, and programs offered by or in association with the City of SeaTac Parks and Recreation Department.

PARTICIPATION:

I hereby give permission for my child to participate in all activities and field trips.

MEDICAL TREATMENT:

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR, by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care, treatment and procedure to be performed for my child by a licensed physician or hospital selected by the Program Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify that I am the parent or legal guardian of the above-mentioned child and that I have authority to authorize such activities and actions.

DISCRIMINATION STATEMENT:

The City of SeaTac Parks & Recreation Department does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

ASSUMPTION OF THE RISK, LIABILITY WAIVER, RELEASE & INDEMNITY:

For and in consideration of the opportunity offered to my child(ren) to participate in classes, activities, and programs offered by or in association with the City of SeaTac Parks and Recreation Department, I, as evidenced by my signature below, **do hereby hold harmless, release, and waive all claims or legal actions, financial or otherwise**, I may have against the City of SeaTac, its officials, employees, agents, organizers, sponsors, contracted instructors, or any other person(s), for any and all injuries, losses, damages, or death suffered by me or my child(ren) as a result of my child(ren)'s participation.

I further acknowledge that I have familiarized myself with the description of the classes, activities, and programs offered by or in association with the City of SeaTac Parks and Recreation Department, I understand the hazards and the personal limitations of my child(ren), and I knowingly assume all risks associated with any classes, activities, and programs for which my child(ren) are enrolled.

Additionally, I acknowledge the contagious nature of certain viral and bacterial diseases, including but not limited to COVID-19, and I voluntarily assume the risk that my child(ren) may be exposed to, or infected by viral and bacterial diseases by attending City of SeaTac programs, activities, or events, that such exposure or infection may result in further transmission to me, family members, and others and may cause personal injury, illness, permanent disability, and death.

I accept full responsibility for the cost of treatment for any injury, losses, damages, or death suffered by me or my children while participating in any classes, activities, and programs offered by or in association with the City of SeaTac Parks and Recreation Department.

I also give permission for the City of SeaTac to use any photographs or videos taken of me or my children during classes, activities, and programs, for publicity purposes. The City of SeaTac is also not responsible for any personal articles lost or stolen.

CPS STATEMENT:

The City of SeaTac Parks & Recreation Department is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social and Health Services division of Child Protective Services.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against the City of SeaTac Parks & Recreation Department, rental agencies, agents, or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by SeaTac Parks & Recreation Department. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City programs.



City of SeaTac Parks & Recreation Payment Policies for Youth Program

CHILD'S NAME _____

All fees and paperwork must be completed and paid prior to participation.

Registration Fees: The registration fee for new students and registration fee for returning students are due annually at the beginning of summer camp and lasting throughout the next school year for participants of our Bow Lake programs. All registration fees are non-refundable, non-transferrable.

Summer Day Camp at Bow Lake: A holding fee per week will hold your child's spot for the week, with remainder due one week prior to camp enrollment. The holding fee will be forfeited if the child does not attend that week of camp.

Before and After School at Bow Lake: Before & After School, and Early Dismissals days will be paid for on a monthly fee system. The monthly fee will be due on the 20th of the prior month and paid in full before the participant can attend. There will be no refunds for missed days or prorated months for weeks off. All students must be enrolled in our auto pay system or pay quarterly.

It is required that you sign BOTH in and out on the appropriate date line, along with the correct time of day.

No School Days at Bow Lake: All days that we provide care during the school year, where school is not in session are charged on a daily rate. This fee must be paid in advance of attending. If a minimum number of kids do not register a week prior to the no school day, the program is subject to being cancelled.

Cancellation Policy for Bow Lake Program: You will receive a full refund less an administration fee for cancellations made with 1-week notice. Requests for refunds must be made in writing and should give the name of the camper, camp or field trip date(s), and reason for refund request. There will be no refunds within one week of camp unless there is a special circumstance, such as serious illness or injury. There will not be a discount, or a refund for days missed.

Change of Fees— All weekly and hourly fees will be announced in the current brochure of the department and may change with announcement.

Late Fee for all programs: Parents will be charged \$1.00 per minute for the first 30 minutes and \$2.00 per minute thereafter for children picked up after the end of class or program. This will be due before the child returns.

SeaTac Parks & Recreation Department reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parents or guardians.

By signing below, I acknowledge that I have read, understand, and agree to comply with aforementioned policies.

X _____
Parent/Guardian Signature

Date

Staff



City Of SeaTac Debit/Credit Card Payment Authorization for Youth & Summer Programs

Our Automatic Payment Plan (Auto Pay) is for before & after school or summer camp participants. This does not apply for no school days and breaks during the school year. With this optional system, we will deduct from your credit or debit card the required fee for the program your child(ren) are signed up for.

Signing up is easy. Just complete and sign the authorization form and let us do the work.

Before & After School (Youth):

*Before & After School, and Early Dismissals days will be paid for on a monthly fee system. The monthly fee will be due on the 20th of the prior month and paid in full before the participant can attend. There will be no refunds for missed days. **All students must be enrolled in our auto pay system or pay quarterly.***

Summer Camp (Youth & Teens):

*Payments will be processed the Monday prior to the week of enrollment, or due dates. **All students must be enrolled in our auto pay system or weeks paid in advance.***

I authorize the City of SeaTac, Parks and Recreation Department to process the following Debit/Credit card. This authority will remain in **effect until written notification from the parents.**

Childs Name _____ Name on card _____

Address of card holder _____ City and Zip Code _____

Visa MasterCard (circle one)

Card Account Number _____ All 16 digits are required.

If you don't feel comfortable writing all digits down, you can write the last four digits and contact Ashley at the number below.

Expiration Date: _____ **V-Code (3-digit number on back)** _____

Signature of Card Holder _____ Date _____

For questions contact Ashley Birch at abirch@seatacwa.gov or 206-973-4693

Staff ONLY:

Date Rec'd:

In File:



SEATAC PARKS AND RECREATION Youth & Teen Programs

MEDICATION POLICY

Administration of medication to a participant while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child's full name, date of purchase, and correct dosage. Non-prescription drugs will only be administered for one day only without authorization of a physician in writing. Any remaining medication must be picked up within 5 business days from the last day of program. After this period, any unclaimed medication will be disposed of.

Child's Name: _____ Parent's Name: _____

By signing below, I acknowledge that I have read, understand and agree to comply with the aforementioned policies. I also understand that each prescription will require an original form completed by a physician annually.

Physician Signature

Date

Parent/Guardian Signature

Date

	Rx. Number	Name of Medication	Instructions	Time of day to be taken	By Staff
1					
2					
3					