

IMMIGRANT & REFUGEE COMMUNITY YOUTH SOCCER CAMP 2019



Date: August 12th – 16th

Time: Monday - Friday 8:30-2:00

Where: Kent Elementary School

24700 64th Ave S, Kent, WA 98032

Who: Immigrant & Refugee Students - Grades K-12

*Transportation may be provided to students in Kent School District

*Breakfast and Lunch provided

Registration can also be completed online at <https://worldreliefseattle.org/soccer-camp-registration>

Family Information

- Parent Guardian - First Name: _____ Last Name: _____
- Street Address: _____ Apartment Number: _____
- City: _____ State: _____ Zip: _____
- Phone number: _____ Ok to text this number? (circle one): yes no
- Email Address: _____
- Date of Arrival to USA (M/D/Y): _____ Country of origin: _____
- Language(s) spoken: _____ Do you need an interpreter? yes no
- How did your family hear about this camp? _____

Emergency Contact: (different contact than guardian listed above)

- First Name: _____ Last Name: _____
- Relationship to Student: _____
- Phone Number: _____
- Address: _____

Student Information

Student 1

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: (Month/Day/Year) _____

Age: _____ Grade (2018-19 school year): _____

School Name (attended 2018-19): _____

School ID Number: _____

Allergies: _____

Other Medical Concerns: _____

Any behavioral or academic concerns? _____

Can this student participate in snack? yes no

Has this student attended this camp before? yes no

Student 2

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: (Month/Day/Year) _____

Age: _____ Grade (2018-19 school year): _____

School Name (attended 2018-19): _____

School ID Number: _____

Allergies: _____

Other Medical Concerns: _____

Any behavioral or academic concerns? _____

Can this student participate in snack? yes no

Has this student attended this camp before? yes no

Student 3

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: (Month/Day/Year) _____

Age: _____ Grade (2018-19 school year): _____

School Name (attended 2018-19): _____

School ID Number: _____

Allergies: _____

Other Medical Concerns: _____

Any behavioral or academic concerns? _____

Can this student participate in snack? yes no

Has this student attended this camp before? yes no

Student 4

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: (Month/Day/Year) _____

Age: _____ Grade (2018-19 school year): _____

School Name (attended 2018-19): _____

School ID Number: _____

Allergies: _____

Other Medical Concerns: _____

Any behavioral or academic concerns? _____

Can this student participate in snack? yes no

Has this student attended this camp before? yes no

Medical Release

By signing below, I give my permission for the child(ren) registered above to participate in Summer Camp programming, including athletic activities and program related transportation. I understand that there are risks associated with participation in sports and travel and agree to release and hold harmless WR staff and volunteers from any claims of personal injury, illness or damages of any kind.

In the event of an emergency, I give permission to World Relief Seattle to take necessary emergency measures for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if it is deemed necessary. It is understood that in some medical situations World Relief staff will need to contact the local emergency resources before the parents/guardians, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family

Parent/Guardian Signature: _____ Date Signed: _____

Photo Release - Required

I (parent/guardian): _____ hereby give my permission for World Relief to use my child(ren)'s photograph/image in its various marketing publications or other media.

Parent/Guardian Signature: _____ Date Signed: _____

Information

Registration Deadline: June 21st

Please bring registration to World Relief - 841 Central Ave N #C106, Kent, WA 98032

Contact: 253-277-1121