

REFUGEE SUMMER CAMP

2019

Registration Form



Date: July 8th – August 9th

Time: Monday - Friday 9:00-1:30

Where: Daniel Elementary, Kent, WA

11310 SE 248th St, Kent, WA 98030

Who: Refugee Students - Grades K-8

*Transportation may be provided to students in Kent School District

*Lunch provided

Registration can also be completed online at <https://worldreliefseattle.org/summer-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

Teacher Referral

Teachers, please indicate reasons for referral in the box below. This will help us in giving priority to students with the highest need. Use the back of this page if more room is needed.

Teacher contact info:

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: _____

Field Trips

I give permission for my child(ren) to participate in field trips during the course of World Relief Seattle's Refugee Youth Summer Camp. I release World Relief and individuals from liability in case of accident during activities related to World Relief, as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____ Date Signed: _____

Important Information

- Return registration forms by May 31st to World Relief - 841 Central Ave N #C106, Kent, WA 98032
- A mandatory parent orientation will be held on June 26th at 6:30pm at World Relief
- Student attendance during summer camp is very important. Multiple student absences may result in a loss of the student's spot at camp and will be given to students on the waiting list.
- Interested in SOCCER?! Please see the next for information and your chance to register NOW.

Contact: 253-277-1121

Immigrant & Refugee Community Youth Soccer Camp

- **Date:** Aug. 12-16, Monday-Friday
- **Time:** 8:30am – 2:00pm
- **Place:** Kent Elementary School
- **Grades:** K-12
- Transportation *may* be provided to students within Kent School District.
- Breakfast & Lunch will be provided

Would you like to register for the Kent Immigrant & Refugee Community Youth Soccer Camp?

Yes

No

*If you have students in grades 9-12 that would like to register for Soccer Camp, please fill out a separate family registration at <https://worldreliefseattle.org/soccer-camp-registration>, or stop by World Relief for a paper registration form.

Medical Release – Soccer Camp

By signing below, I understand that all medical, photo and participation permissions and liability release agreements given above also apply to the Immigrant and Refugee Community Youth Soccer Camp and the Soccer Without Border's staff, coaches, and volunteers.

Parent/Guardian Signature: _____ **Date Signed:** _____