



HOCKINSON COMMUNITY EDUCATION PROGRAM

Day Camp Grades K - 5



Lots of things for kids to do with a fun and caring staff. We offer fun activities, free play, games, outdoor play, and more. We supply a morning and afternoon snack. Come join the fun! *****Limited spots available, register early!**

It is important you pick up your child by 6pm or before. \$1 per minute for late pick up. If you have an emergency and can't pick up on time or if you want to talk to the staff members during the camp, call (360) 947-4808 to reach staff. *****Min. number of students required to run day camp. You may signup for this camp online at wa-hockinson.intouchrecepting.com**

- Who:** Boys & Girls, grades K - 5
- Date:** Friday, October 8th (non school day)
- Cost:** Full Day (over 5 hours) \$50 (#1020-21) or Half Day (5 hours or less) \$30 (#1021-21)
- Time:** Hours 7am - 6pm
- Where:** Hockinson Community Center
- Bring:** Please bring a sack lunch if you are at camp from 11:30 - 12:30.

Registration

To register, simply fill out the registration form on this page and mail with payment to the address listed on the form. Register early! You may confirm your registration by calling 448-6480. You will be notified only if your registration cannot be processed.

Refunds

To receive a refund the Hockinson Community Education office must be notified of your intent to withdraw from a class at least 3 business days prior to the first class meeting. A \$10.00 processing fee will be charged for refunds. If a class is canceled by Hockinson Community Education you will be notified and all fees will be refunded in full.

Youth Classes

Parents/Guardians are responsible for picking up children *in the classroom* no later than closing time of class.

If late picking up your child you will be charged \$1.00 per minute you are late.

HOCKINSON Community Education Mail this registration form and check to:
17912 NE 159th St., Brush Prairie, WA 98606

NAME: Last _____ First _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Contact _____

E-Mail Address (please print) _____

Parent/Guardian's Name _____

Does your child have any medical conditions or allergies of which staff should be aware? Yes No

If yes, please explain: _____

Donation: Yes, I would like to make a tax-deductible contribution of \$_____ to the registration assistance fund. Monies contributed to this fund are applied toward the registration fee for those who otherwise would be unable to participate in Community Education sponsored programs.

Hold Harmless Agreement and/or Parent/Guardian permission for youth participation (required for all ages):
In the event of an emergency I grant permission for emergency medical treatment to be given and I agree to pay all medical bills not covered by the insurance company listed below. I release the Hockinson School District from responsibility for any bills resulting from injuries incurred in these programs. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. While no sports physical is required for my child to participate, I understand that my child should be in good physical condition appropriate to the activity, and that a current physical exam is strongly recommended. I have listed information regarding allergies or other medical conditions about my child of which staff should be aware.

By signing this, I have read and understood the WA State Concussion Law at <http://www.cdc.gov/ConcussionInYouthSports/>. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>. I have also read and understood the SCA Awareness Act at www.hockad.org/Parents tab-OSPI Services Sudden Cardiac Awareness Pamphlet for Parents, Students & Coaches-Sudden Cardiac Arrest Awareness.

Insurance Co. _____ Parent Signature _____ Date _____

| Class Title | Class # | Date | Day | Fee |
|-------------------------------------|---------|--------|--------|------|
| Day Camp - Full Day (5+ hours) | 1020-21 | Oct. 8 | Friday | \$50 |
| Day Camp - Half Day (5 hrs or less) | 1021-21 | Oct 8 | Friday | \$30 |