

Environmental Leadership Summer Camp		2025 Summer	Registration Form 1
Child's name (Last, First Middle)			
Street address City Zip code			
Parent/guardian name	Cell phone # () - () - ()		
Street address		City	Zip code
Parent/guardian name	Cell phone # () - () - ()		
Street address		City	Zip code
Does your Child have another sibling enrolled in this camp or accompany by chaperone? Yes / No			
	Address	Telephone number	
Name:			
Relationship:			
Name:			
Relationship:			
Payments via Checks to:			
Win With Warriors			
Payments are due on FIRST day of camp, please bring & submit checks in-person to Camp Counselor.			
Week #1 (\$175) July 28 - August 01	Week #2 (\$175) August 04 - August 08	Week #3 (\$175) August 11 - August 15	
Location in front of 1717 Maple Vly Hwy, Renton , WA 98057	Dropped off time 10:00am - 10:15am (Carco Theatre)	Picked up by parents 3:00pm - 3:15pm (Carco Theatre)	

No Refunds for the 2025 Summer Camp; proceeds support nonprofit

Child's health information

Child's Doctor	Doctor's Telephone number		
Doctor's Street address	City	Zip code	
Special health problems? Yes or no? <i>If yes, specify.</i>	Food Allergies: including Food / Drug reactions		
Regular medications? (Other important information) <i>If yes, specify.</i>			
Child's medical insurance coverage			
Insurance company name		policy number	
Policy holder name			
Insurance company name			
Consent to medical care and treatment of minor children			
<p>I give permission that my child, _____, to be given first aid/emergency treatment by a qualified staff at:</p> <p style="text-align: center;">Valley Medical Center 400 S 43rd Street, Renton WA 98055</p>			
Parent signature			Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p>I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>			
Parent signature			Date

Checks made payable to: **Win With Warriors**

Email application to: **EnvironmentalLeadershipWA@gmail.com**

General Permission Authorization & Release of Liability Agreement

Registration Form 3

Child's name		Birthdate	
Parents agree to Packing Essential Checklist:			
Water bottle	Backpack	Notebook	
Extra Clothing - Shirt, Pants, Raincoat in case of rain*			
Prescribed Medication*		Extra Ziploc bags (for wet things)	
Emergency contact	Sunglasses		
Hazards and Risks: I confirm my child will NOT include any of the following in my event: knives, firearms, assault weapons, etc. In case of an emergency, I understand 911 may be called.			
Parent signature : _____ Date: _____			
Off-Site activities that may occur more than once daily:			
Nature Observation Hiking Trails	Outdoor Education Wildlife Watching	Nature Walks City Park Cleanup	
Water & River side Activity	Study Gold mining	Science Experiment	
Running Exercise equipment	Pilates Playground activities	Instructed Fencing Treasure hunts	
Outdoor Fitness	Building Craft figurines	3D Model building	
Film & Photograph Rights: I consent to the use of my child's image photographed and voice to be included in the filming recording of the event for future camp promotional purposes without compensation.			
Parent signature : _____ Date: _____			
By signing here, I agree to release and hold harmless Win With Warriors nonprofit organization, from any and all liabilities in consideration for my child and my child's participation in Environmental Leadership 2024 summer camp.			
Parent signature : _____ Date: _____			