



JOIN PAL OF SWWA FOR

SUMMER CAMP '21

READ ON TO FIND THE CAMP FOR YOU!

PICK YOUR CAMPS
Place a check mark next to the camps you're interested in. Be mindful of the dates & location.

✓	THEME	ENTERING GRADES	COST/WK	DATES	LOCATION
	SOCCER	4TH - 9TH	\$10/YOUTH	JUNE 29 - JULY 1	MCKENZIE
	FOOTBALL	4TH - 9TH	\$10/YOUTH	JULY 6 - 8	TBD
	STEAM	1ST - 5TH	\$10/YOUTH	JULY 12 - 18	FRUIT VALLEY
	STEAM	1ST - 5TH	\$10/YOUTH	JULY 12 - 18	ORCHARDS
	MAD SCIENCE	1ST - 5TH	\$10/YOUTH	JULY 19 - 23	FRUIT VALLEY
	MAD SCIENCE	1ST - 5TH	\$10/YOUTH	JULY 19 - 23	ORCHARDS
	INTRO TO CSI	4TH - 7TH	\$25/YOUTH	JULY 26 - 30	FRUIT VALLEY
	INTRO TO CSI	4TH - 7TH	\$25/YOUTH	JULY 26 - 30	ORCHARDS
	SPORT	1ST - 4TH	\$10/YOUTH	JULY 27 - 28	SOUTH RIDGE
	CSI VANCOUVER	8TH - 12TH	\$250/TEEN	AUGUST 2 - 6	HELA
	BASKETBALL	4TH - 9TH	\$10/YOUTH	AUGUST 2 - 4	HERITAGE
	SCIENCE	2ND - 5TH	\$10/YOUTH	AUGUST 4 - 6	SOUTH RIDGE

VARIOUS GRADES • SCHOLARSHIPS AVAILABLE • LUNCH INCLUDED • CAMPS RUN 9AM-12PM



COMPLETED REGISTRATIONS (FILL OUT BOTH SIDES)
 CAN BE MAILED TO
 605 E EVERGREEN BLVD. VANCOUVER, WA 98661
 OR EMAILED
 TO CITYPAL@CITYOFVANCOUVER.US.
**YOU CAN ALSO SIGN-UP ELECTRONICALLY
 BY VISITING
 PALOFSWWA.ORG/SUMMER-CAMP-WITH-PAL**



ALL CAMPS ARE UNAFFILIATED WITH LOCAL SCHOOL DISTRICTS & NOT THEIR ACTIVITY

POLICE ACTIVITIES LEAGUE OF SW WASHINGTON REGISTRATION FORM

Registration must be completed and processed before student can participate in PAL programs

PERSONAL INFORMATION		<input type="checkbox"/> NEW REGISTRATION		<input type="checkbox"/> RENEWAL	
Name:		Gender:		Age:	
Birthdate: ___/___/___		School:		Grade:	
Ethnicity (circle all the apply) Asian African American American Indian Caucasian Hispanic Pacific Islander Other: _____					
Do you qualify for the free and reduced lunch program? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is the child's principle residence a single parent household? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Can photos and videos of your child be used in PAL publicity, including our website? <input type="checkbox"/> YES <input type="checkbox"/> NO					

CONTACT INFORMATION					
Home Address:					
City:			State:		Zip:
Home Phone:			Email:		
Parent/Guardian Name:			Work Phone:		Cell Phone:
Parent/Guardian Name:			Work Phone:		Cell Phone:
Please list two additional people who we may contact in case of an emergency & authorized to pick up (different from parent/guardian)					
Emergency Contact:				Phone:	
Emergency Contact:				Phone:	

MEDICAL RELEASE AND CONSENT FOR EMERGENCY TREATMENT					
I, _____, the parent/legal guardian of _____ hereby freely and voluntarily authorize SW Washington PAL staff or volunteers to administer first aid and, in the case of an extreme emergency, to request and obtain emergency medical care at my expense from such medical provider as is immediately available in any situation that PAL employees or agents determine such care is required.					
Medical Issues? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, please explain:		
Health Insurance Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO			Insured Parent/Guardian:		
Medical Insurance Company:				Insurance Policy/Group #:	

PERMISSION TO PARTICIPATE					
<p>I hereby state that I am voluntarily allowing my child to participate in this program and that I recognize that there are certain risks and dangers inherent in the participation in this type of activity. I understand SW Washington PAL cannot and does not guarantee or ensure the safety of my child. I am willing to assume any risk of personal injury or property damage to my child in order to allow him/her to participate in this program. In consideration of SW Washington PAL allowing my child to participate in this program, I hereby agree to release, hold harmless, and defend the City of Vancouver, PAL of SWWA, and their officials, administrators, employees, coaches, volunteers, and agents, from any and all claims for damages or injury to my child arising out of his/her participation of this program. I also understand that if my child acts inappropriately that I the parent/guardian will be contacted and responsible for picking up my child from this event/program. I further understand that my child's privileges can be revoked due to inappropriate behavior.</p>					
I HAVE READ THE FOREGOING AND I AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT AND I HAVE READ THIS RELEASE AGREEMENT CAREFULLY BEFORE SIGNING IT.					
Parent/Guardian Signature _____					Date _____

OFFICE USE ONLY	ENROLLMENT TYPE <input type="checkbox"/> PROSPERE <input type="checkbox"/> SPORTS <input type="checkbox"/> SUMMER <input type="checkbox"/> EXPLORER <input type="checkbox"/> PAL PATROL <input type="checkbox"/> SMALL GROUP
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