

Team Brighton



grade 5 and up



Week 1

June 20-24 – Hittin’ the Trail

Rattlesnake Ridge, Ballard Locks/Discovery Park, Franklin Falls, Cherry Creek Falls, Campers’ Choice

Week 2

June 27-July 1– Farms and Beasts

Woodland Park Zoo, Bryant Blueberry Farm, Point Defiance Zoo, PAWS, Campers’ Choice



Week 3

July 5-8 (no camp 7/4) Movies & Gaming

King 5 Tour, IMAX Movie and PSC, Microsoft Tour, Campers’ Choice

Week 4

July 11-15 Beaches and Waterfront

Juanita Beach, St. Edwards Park, Picnic Point Beach, Golden Gardens Park, Campers’ Choice



Week 5

July 18-22 Seattle Team Sports

YMCA Ropes Challenge Course, Everett Aquasox Game, UW Athletic Tour, Century Link Field Tour, Campers’ Choice

Week 6

July 25-29 – Out & About

Seattle Ferris Wheel, Fremont Troll and Greenlake, Museum of Flight, Yost Pool and Edmonds, Campers’ Choice

Week 7

August 1-5 Gettin’ Around

Community Transit to Seattle, Traxx Racing, River Rafting on Upper Skagit, Ferry to Kingston, Campers’ Choice



Week 8

August 8-12 Downtown Seattle

MOHAI Museum, Seattle Center & Monorail, Seattle Underground Tour, Aquarium & Pike Place Market, Campers’ Choice

Week 9

August 15-19 Sports

Foot Golf, Elevated Sportz, Ice Skating, Mini-Golf & Driving Range, Campers’ Choice



Week 10

August 22-26 Soakin’ Wet

Jetty Island, Juanita Beach, Birch Bay Waterslides, Golden Gardens Beach Park, Camp BBQ & Swimming



Brighton School

21705 58th Ave W

Mountlake Terrace, WA 98043

(425) 640-7067

www.brightonschool.com

JUNE 2016 - Team Brighton

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Team Brighton Camp Registration Form 1

Camper Name	Birthdate	Today's Date
Parent/Guardian Name	Grade in Fall 2016	T-Shirt Size (circle one)
		YM YL AS AM AL

Circle your selections and record total at bottom.
Some camps may be full. Check www.brightonschool.com/camps for availability.

Camp Dates	Team Brighton Grades 5-8	Registration Paperwork Checklist
Week 1 June 20–24	\$300	<input type="checkbox"/> Proof of Health Insurance
Week 2 June 27–July 1	\$300	<input type="checkbox"/> Sunscreen Permission Slip
Week 3 July 4-8	\$240	<input type="checkbox"/> Camp Registration Form
Week 4 July 11–15	\$300	<input type="checkbox"/> Payment
Week 5 July 18–22	\$300	Submit all forms and fees to Brighton School Office
Week 6 July 25–29	FULL	
Week 7 August 1–5	\$300	
Week 8 August 8–12	\$300	
Week 9 August 15–19	\$300	
Week 10 August 22-26	FULL	
Sub Total		
Registration Fee \$20		
Total Deposit		Minimum One Week Prepayment and Registration Fee

Payment Policy: A deposit of one week camp tuition and the registration fee is required at time of enrollment to hold your reservation. The deposit will be applied to your camper's final week of camp. Weekly camp fees are due every Monday morning at drop-off for that week of camp and is subject to a \$25 late fee if not received by 9 a.m. Monday.

Cancellation Policy: Brighton must receive cancellation in writing at least 7 days before the date camp starts.

Late Pickup Fee: Extended care closes at 5:30 p.m. A late fee of \$5 per minute will be charged after 5:30 p.m.

I understand and agree to the above policies
 Parent/Guardian Signature _____

Brighton School
 21705 58th Ave. W. Mountlake Terrace, WA 98043
 (425) 640-7067 Fax (425) 640-7445

For Office Use Only Check payable to "Brighton School"	Check # Amount:
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REGISTRATION FORM Team Brighton

Camper Information

Camper's Name _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Camper's Birth Date _____ Age on June 1st _____ Grade in the Fall _____
 Parent/Guardian 1 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Parent/Guardian 2 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Child in custody of (Please check one) Both parents Mother Father Other (Specify) _____
 Child lives with (Please check one) Both parents Mother Father Other (Specify) _____
 Does your child know how to swim? Yes No Do you give permission for your child to swim in Camp Zone programs? Yes No
 Do you give permission for your child to attend and participate in all activities on Camp Zone field trips? Yes No

Medical Information

Family Physician _____ Address _____ Phone# _____
 Dentist/Orthodontist _____ Address _____ Phone# _____
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) _____
Health History – (Mark all that apply & provide copies of all immunizations) Ear Infection Convulsions Asthma Bleeding/Clotting Disorder
 Allergies Pollen Poison Oak/Ivy/Sumac Penicillin Insect Stings (List Type) _____ Foods (List Type) _____ Other (List Type) _____
 Operations, serious injuries, diseases, or restrictions on physical activity: _____
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)

 Behavioral conditions or problems of which camp staff should be aware _____

Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Camp Zone. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: _____ Phone#: _____ Relation _____ DL# _____
 Name : _____ Phone#: _____ Relation _____ DL# _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis – if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____