



**Risk and Consent Form**  
**2009 Summer Programs for Youth**  
**University of Washington Bothell**  
 www.uwb.edu/education/imagine/

Please read and complete this Risk and Consent form, which must be submitted by June 22, 2009. Please note that if this form is not completed and received by this deadline, your student(s) may be ineligible to participate in program activities.

For your student's comfort and safety, please indicate any special condition we may need to know about, including -- but not limited to -- allergies, medical prescriptions, recent injuries or illnesses. Use and attach additional paper if necessary.

PLEASE PRINT STUDENT NAME (LAST/FIRST/MI) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 BIRTHDATE                                      AGE                                      SEX                                      GRADE ENTERING 2009-2010

PARENT(S)/GUARDIAN(S) NAME(S) \_\_\_\_\_

\_\_\_\_\_  
 STREET ADDRESS                                      CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
 PARENT/GUARDIAN'S WORK (DAY) PHONE NUMBER                                      BEST PHONE NUMBER TO REACH YOU

EMAIL ADDRESS (PLEASE PRINT CLEARLY) \_\_\_\_\_

PLEASE CHECK ALL SESSION ATTENDING:

WEEK 1: JULY 6- JULY 10	SESSION 1, 9:00AM-12:00PM <input type="checkbox"/>	SESSION 2, 1:00PM-4:00PM <input type="checkbox"/>
WEEKS 2: JULY 13-JULY 17	SESSION 1, 9:00AM-12:00PM <input type="checkbox"/>	SESSION 2, 1:00PM-4:00PM <input type="checkbox"/>

**PLEASE READ -**  
**Acknowledgement of Risk and Consent for Treatment:** I acknowledge that there are risks inherent in any children's/teenager program, including and not limited to injury and death arising from: participation in outdoor educational and recreational field activities, and field trips; child's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the direct managing control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of University staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session enrolled in.

In case of emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give permission to the adults in charge of the 2009 IMAGINE Summer Camp to secure emergency medical treatment for my child. I agree to pay any charges for emergency medical treatment that is not covered by my personal health insurance. This acknowledgement applies to the session indicated above and any additional sessions of the 2009 IMAGINE Summer Camp for which I may register my child.

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone \_\_\_\_\_  
 Health Insurance Co & Policy No \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)      Date Signed      Parent/Guardian Signature (Required)

Student Participation Pledge: I agree to work enthusiastically to the full extent of my ability and to treat staff members and other program student participants and guests with respect.

\_\_\_\_\_  
 Student Signature (Required)                                      Date Signed

**\*This form must be completed and on file before a child/student can participate in the UW Bothell Summer Program**