



Dear Samena Summer Tween and Teen Camp Parents,

Thank you for choosing Samena for your child's summer camp experience. The summer camp staff and I are looking forward to a great camp program and we are glad that your child will be joining us. Your camper will have the opportunity to make new friends and experience a variety of activities and games.

Themes will guide the direction of the activities for the week. All Samena staff is American Red Cross trained and certified in First Aid and CPR. Our swimming pools are guarded at all times.

Program participants must have all camp forms (medical form and consent for medical care) completed **PRIOR** to attending Samena's Vanapalooza Camp, Junior Lifeguarding camp or Junior Counselor in Training. For everyone's convenience we recommend you complete these prior to arriving at Samena on Monday morning.

Items Your Child Will Need Daily:

- Tennis shoes and weather-appropriate clothing. (For safety reasons flip flops & sandals are not recommended)
- Lunch and a drink
- Swim suit and towel
- Tennis racquet
- Sunscreen
- Refillable Water bottle

Payments are due in full 2 weeks prior to the start date of camp. Cancellations up to 14 business days prior to start date of the camp session will receive a refund of total amount paid, less the \$50 non-refundable deposit per child. **Please see the final page of this packet for more details and to sign our cancellation policy.**

For your convenience camp concession cards are sold at the front desk. These concession punch cards will be kept on file for your child's use during their group concession time. Cards in the amount of \$5, \$10, \$20 are available. Please note concession cards will not be used during lunch time and are non-refundable.

Tween and Teen campers will be released at 4pm. Members are welcome to stay and enjoy the club facilities. Non-members must arrange for transportation to leave the Samena facility at 4pm.

Thank you for choosing Samena for your summer fun. If you have any questions or concerns please feel free to contact us.

Sincerely,

A handwritten signature in black ink that reads "Kristen Parkin". The signature is written in a cursive style with a large, stylized "P" at the end.

Kristen Parkin  
Program Coordinator  
425-746-1160 ext 17  
kristenp@samena.com

**2009 Samena Teen Camp**  
REGISTRATION AND MEDICAL INFORMATION FORM

**Member**                       **Program Member/Non-Member**

\*Please fill out the information below as completely as possible

PARTICIPANTS' NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ DAY PHONE:(\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MEDICAL INFORMATION:**

1. Physician's Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

2. Date of last physical/Dr. Appointment: \_\_\_\_\_

3. Is your child currently taking any medications?     No                       Yes    **If Yes, please describe**

Dosage: \_\_\_\_\_

4. Does your child have any allergies?                       No                       Yes    **If Yes, please describe**

5. Hospital Preference: \_\_\_\_\_

6. Are there other special needs, which the Samena Staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of an extreme emergency, the Samena Staff is directed to call 911 immediately, then the parent or guardian. If you cannot be reached, please list two people most likely to be home and able to assist your child.

Name: \_\_\_\_\_ Phone: (day) \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: (evening) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (day) \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: (evening) \_\_\_\_\_

**AUTHORIZED PEOPLE ALLOWED TO PICK UP MY CHILD:**

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2009 Samena Teen Camp**

**Member**

**Program Member/Non-Member**

CHILDREN'S PROGRAM WAIVER

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give my permission for  
(Parent's Name) (Child's Name)  
him/her to ride in the van and participate in the Samena Swim and Recreation Children's Program activities and outings.

While providing reasonable supervision, I hereby release the Samena Club and its officers and employees from any legal responsibility should a question of liability occur.

\_\_\_\_\_  
SIGNATURE OF PARENT OF LEGAL GUARDIAN

\_\_\_\_\_  
DATE

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I, \_\_\_\_\_ (the parent or legal guardian) hereby give my permission that my child,  
(Parent's Name)  
\_\_\_\_\_, may be given emergency treatment to include first aid and /or CPR by a  
(Child's Name)  
qualified staff member at Samena. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. 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

I provide permission for the Samena Club to use any pictures of my child in future promotional purposes for The Samena Club only. (Photos will not be sold).

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**2009 Samena Teen Camp**  
REGISTRATION & CANCELLATION POLICY

1. First **two camp weeks** must be paid in full at time of registration.
2. A **non-refundable/non-transferable** \$50.00 deposit per camp week will be taken to reserve remaining day camp weeks.
3. The weekly total camp fee balance must be paid **two weeks** prior to the camp date.
4. Cancellations made up to **14 business days** prior to the camp date will be given a credit less the \$50.00 non-refundable deposit per child.
5. No refunds are available when cancelling less than **14 business days** prior to the start date. Balances may be transferred based on availability less the \$50.00 non-refundable deposit.
6. There is no credit or refund provided once a camp has begun.
7. For anyone registering for the week of 8/24-28, must pay in full by Monday, July 27<sup>th</sup>. There will be no credits or refunds after July 27<sup>th</sup> for this week.

If you have any questions regarding the cancellation policy please contact:

Kristen Parkin by phone at 425-746-1160 ext 17 or by email at [kristenp@samena.com](mailto:kristenp@samena.com) or

Allyn Schinski by phone at 425-746-1160 ext 19 or by email at [allyns@samena.com](mailto:allyns@samena.com)

I HAVE READ AND UNDERSTOOD THE REGISTRATION AND CANCELLATION POLICY AS STATED ABOVE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE