

4/2009

# Summer Playground Camp Camper Info/Emergency form

Town Of Vienna  
Department of Parks and Recreation

Childs Name: \_\_\_\_\_  
AGE: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**Parent/Guardian Information**

**FATHERS/MALE GUARDIAN NAME:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**MOTHER/FEMALE GUARDIAN NAME:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**PERSON(S) HAVING LEGAL CUSTODY OF CHILD:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_  
**Emergency #:** \_\_\_\_\_

**Method of Transportation:** *Please Circle One*      Bike Walk Car Carpool

**Name of Person authorized to pick-up child:** \_\_\_\_\_  
**Name of Person NOT authorized to pick-up child:** \_\_\_\_\_

\*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up their child\*\*

**Please list the names, address, and phone numbers of two people who can be phoned  
in case of an emergency:**

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_

**Please describe any allergies or other health problems:** (Include any chronic physical problems and pertinent development information.) If an allergic reaction does occur, parents will be notified.

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**Doctor's Name & Phone:** \_\_\_\_\_

If your child attends this camp program, and another related camp, please give the name and location: \_\_\_\_\_

**Parents, Please Take Note:** Camp counselors *are not* responsible for children once they leave the Summer Playground Camp.

### Agreements

1. The Summer Playground Camp program agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian will arrange to have the child picked up as soon as possible.
2. The Parent/Guardian authorizes the Summer Playground Camp program to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.

I/we assume all risks and hazards to participate in this activity including transportation to and from activity; and I/we do hereby waive, release, absolve, indemnify, and agree to hold blameless the Parks and Recreation Department, organizers, sponsors, supervisors, participants, and persons transporting myself/my child to or from activities when carrying out said responsibility in a safe, lawful, socially acceptable manner, for any claim arising out of injury to me/my child. I understand the Parks and Recreation Department assumes no responsibility for lost and stolen property.

I/we, the parents/guardian of the above named participant registered for a Parks and Recreation sponsored activity, Hereby give my/our approval for our child's participation in this activity. **I/we have notified in writing the Parks and Recreation Department of any special needs or medical conditions my/our child has that might affect his/her ability to participate in this activity.** The Parks and Recreation Department has permission to call my family physician in an emergency when I cannot be contacted. The Parks and Recreation Department has my **authorization and** permission, in an emergency when I (or family member) cannot be located, **to authorize my child be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician) and** to transport **my child** to the emergency room of the nearest hospital, and the hospital and its medical staff have the authorization to provide treatment which a physician deems necessary for the well being of my child.

### Signatures

**Parent/Guardian:** \_\_\_\_\_

**Camp Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_