

4/2009

Teen Excursion Camp Registration 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: _____

Address: _____

Name: _____

Phone: _____

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.

Doctor's Name & Phone: _____

If your child attends this Teen Camp Program, and another Teen related camp, please give the name and location: _____

Parents, Please Take Note: Camp counselors *are not* responsible for teens once they leave the Teen Camp.

Agreements

1. The Summer Teen 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 Teen Camp program to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. other: _____

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: _____

Teen Camp Supervisor: _____

Date: _____