

2/2007

Summer Playground 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: _____
Home Phone: _____
Emergency Phone: _____

Mother/Female Guardian Name: _____
Place Employed: _____
Work #: _____
Home Address: _____
Home Phone: _____
Emergency Phone: _____

Person(s) having legal custody of child: _____
Place Employed: _____
Work #: _____
Home Address: _____
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 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.
3. other: _____

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program and associated activities, I hereby release the Town of Vienna, Virginia and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the registrant's participation. I authorize the Town of Vienna and its officials, employees, agents and volunteers, at any such person's discretion, to administer emergency first aid treatment and, at my expense, to obtain the services of a physician(s) and/or rescue squad and to authorize the same to affect such treatment of the registrant as they deem advisable.

Signatures

Parent/Guardian: _____

Camp Supervisor: _____

Date: _____