

6/2006

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: _____

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 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: _____

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: _____

Teen Camp Supervisor: _____

Date: _____