



## FREDERICKSBURG FIELD HOUSE Camp Registration Form

| <input type="checkbox"/> Summer Camp 2021         |                       |               |     |                   |
|---|-----------------------|---------------|-----|-------------------|
| PARTICIPANT'S INFORMATION                         |                       |               |     |                   |
| Participant's Name (First, MI, Last)              | Nickname              | Date of Birth | Age | M/F               |
| Participant's Address                             | City, State, Zip Code |               |     | Grade in/entering |
| Person(s) or Agency Having Legal Custody of Child |                       |               |     |                   |

| PARENT/GUARDIAN INFORMATION  |                     |                |
|--|---------------------|----------------|
| Parent/Guardian Name (First, Last)   | Home Address        | Home:          |
| Place of Employment  | Employment Address  | Work:          |
|  |                     | Cell:          |
| Parent/Guardian Name (First, Last)   | Home Address        | Home:          |
| Place of Employment  | Employment Address  | Work:          |
|  |                     | Cell:          |
| Please list in order the best phone numbers to reach you during camp hours |                     |                |
| Primary Contact #  | Secondary Contact # | E-mail Address |

| EMERGENCY INFORMATION  |                           |               |
|--|---------------------------|---------------|
| Allergies or intolerance to food, medication, etc., and action to take in an emergency |                           |               |
| List all medications your child takes daily and any possible reactions                 |                           |               |
| Name of Participant's Physician  | Physician's Telephone No. |               |
| Emergency Contact Person (Other Than Parent, Must Be Local)                            |                           |               |
| Address  | City, State, Zip Code     | Telephone No. |
| Emergency Contact Person (Other Than Parent, Must Be Local)                            |                           |               |
| Address  | City, State, Zip Code     | Telephone No. |
| Person(s) Authorized To Pick Up Participant:   |                           |               |
| Person(s) <i>Not</i> Authorized To Pick Up Participant *:                              |                           |               |

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



**ASSUMPTION OF RISK \* AGREEMENT \* PERMISSION SLIP**

I AGREE TO THE FOLLOWING:

1. I will pick up or make arrangements for my child to be picked up immediately if notified that my child has become ill or behavior issues arise.
2. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
3. I, for myself and child, as a guest and/or participant with the Fredericksburg Field House are aware of the possibility of accidental or other physical injury which may befall me or my child during the use of the facility, equipment, and/or participation in programs conducted by this department. I hereby assume the risks of possible accidental physical injuries that I or my child may suffer while utilizing the Fredericksburg Field House facilities and/or programs, therefore releasing from any and all liability or cause of action, the Fredericksburg Field House, its employees and volunteers.
4. The Fredericksburg Field House camp program, before and after school program, and day care program is exempt from licensure according to the Code of Virginia 63.2-1715. All procedures and policies according to the Virginia State licensing standards are followed.
5. I also give the Fredericksburg Field House and its staff permission: **(Please initial below)**

\_\_\_\_\_ To apply Back Woods Cutter bug spray, Coppertone Kids Spray 50 SPF sunscreen or one that I supply to my child

\_\_\_\_\_ To record my child's likeness and/or voice for use by television, film, radio, social media, or printed media to further the aims of FFH in related campaigns.



## Fredericksburg Field House Camp Programs

### Program Information and Signature Form

**To ensure an understanding and acknowledgment of the program rules and regulations, please review the following, initial each item, and sign where indicated:**

\_\_\_\_\_ If my child is not picked up at the close of the program, I will be charged a late fee of \$10 per child for each fifteen (15) minute interval, or any portion thereof. Payment will be invoiced to my account and will be paid prior to the next camp date.

\_\_\_\_\_ The Fredericksburg Field House staff will attempt to notify me whenever my child becomes ill and/or has behavior issues. I will arrange to have my child picked up immediately. I also authorize the staff to obtain immediate medical care if any emergency occurs when I cannot be immediately located.

\_\_\_\_\_ I understand that the Fredericksburg Field House requires all children to be signed in and/or out daily by a parent/guardian. I or any person picking up my child will provide photo identification before my child will be released from care.

\_\_\_\_\_ If my child or any one in my family comes down with a communicable disease (COVID 19, lice, measles, chicken pox, etc) it is my responsibility to notify the Fredericksburg Field House Camp Coordinator within 24 hours so that they can notify all other campers (all names will remain confidential).

\_\_\_\_\_ I understand that the staff will be updating all parents on the behavior of our children on a daily basis. If I do not pick up my child I release the staff to share behavioral information to the approved individual on my pick up list.

\_\_\_\_\_ Written/email notification of cancellation must be received (7) days prior to the start date of each session. Any notification made after the seven-day period but prior to the session start date will be honored in the following manner - Credit to the Field House.

No refunds will be provided for: administrative processing (late) fees, non-refundable deposits and/or registration fees, requests received on or after the program start date. Parents will be held responsible for the weekly fee in full if written/email notification of cancellation is not received.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_