



FREDERICKSBURG FIELD HOUSE

Before School 2016-2017
 After School 2016-2017
 Preschool 2016-2017
 Spring Break 2017
 Summer Camp 2017
 Teen Camp 2017
 Break Camps (please circle dates):
 November 8, 11, 25
 December 22, 26, 27, 28, 29, 30
 January 2, 16, 30
 February 20
 March 8
 May 29

PARTICIPANT'S INFORMATION

Participant's Name (First, MI, Last)		Nickname	Date of Birth	Age	M/F
Participant's Address		City, State, Zip Code			Home Telephone No.
Person(s) or Agency Having Legal Custody of Child	School Attending	Grade In	Grade Entering	Current Teacher's Name	
Previous Child Day Care Program/School(s) Attended (Include City and State)					

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
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
Does your child have any identified special need(s) (developmental, physical, emotional or learning)? Y / N Please describe: Does the participant have a previous inclusion and special needs plan on record with the school system? Y / N	
Name of Participant's Physician	Physician's Telephone No.
Emergency Contact Person (Other Than Parent, Must Be Local) 1.	
Address	City, State, Zip Code Telephone No.
Emergency Contact Person (Other Than Parent, Must Be Local) 2.	
Address	City, State, Zip Code Telephone No.
Person(s) Authorized To Pick Up Participant:	
Person(s) Not 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 will provide adequate proof of identity and the participant's School Entrance Physical Exam and Immunization Record.
3. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
4. I have read and understand the parent handbook, as it relates to Facility Policies including cancellation, code of conduct, discipline, refunds, late payment fee, and late pickups.
5. I, for myself and child, as a guest and/or participant with the Fredericksburg Field House am 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.
6. 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. The Fredericksburg Field House allows children to enter and leave the premises without permission or supervision. All procedures and policies according to the Virginia State licensing standards are followed.
7. 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 take my child swimming and wading during spring and summer camp field trips,

 To take my child on off center trips or to pick up from or drop off to associated schools,

 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 the Fredericksburg Field House in related campaigns and magazine articles, booklets, posters, and in other ways that they see fit.

Please circle the rate of your child's swimming ability:

Non Swimmer	Swimmer	Intermediate Swimmer	Advanced Swimmer
Shallow end only	May need wall for support	Comfortable in deep water for short periods	No restrictions

Parent/Guardian Signature

Date

Staff Signature

Date

FOR OFFICE USE ONLY

Date Entered Program

Date Left Program

IDENTITY VERIFICATION

Birth Certificate Number (Other Form of Proof)

Date of Birth

Date Issued

____ / ____ / ____

Place of Birth

Staff Initials

Date Viewed

Fredericksburg Field House Camp and School Year 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:

I understand a \$30.00 Administrative Processing Fee will be charged to accounts for payments not made by the due date (14 days prior to the beginning of the camp week or 14 days prior to the beginning of each before and after school session).

I understand the early registration fee expires fourteen (14) days prior to camp start date.

If my child is not picked up at the close of the program, I will be charged a late fee of \$10.00 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 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 unless they are released directly from or go directly to another camp within the building. 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 (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 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. I may choose:

- 50% refund of the total fee.
- A transfer of 50% of the total fee to another available date and/or a Fredericksburg Field House program being offered.

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 notification of cancellation is not received.

Parent Signature: _____ Date: _____

Participant Name(s): _____