



## FREDERICKSBURG FIELD HOUSE

Before School 2017-2018   
  After School 2017-2018   
  Spring Break 2018   
  Summer Camp 2018   

Break Camps (please circle dates):   
 November 8, 11, 25   
 December 22, 26, 27, 28, 29, 30   
 January 2, 16, 30   
 February 19   
 May 28

### 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
<b>Please list in order the best phone numbers to reach you during camp hours</b>		
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) <b>Not Authorized</b> 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 for 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

