



# Herndon Parks and Recreation Department

## Camper Information Form 2010

My child will be attending:(please circle appropriate camp) Summer Fun Nature Teen Discovery

### PARTICIPANT INFORMATION

Child's Last Name	Child's First Name	Child's Nickname	Sex	Age	Birthdate
Child's Address (Street, City, Zip Code)			Home Phone		
School Child Attends	Grade as of 9/09	Additional Programs Child May Attend at HCC while at summer fun camp only			

### MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Does your child have allergies? YES NO Please Explain	
Insurance Company Name/Address		Insurance Policy Number	Insurance Group Number
List Medication's your Child will need to be administered during program hours.(Permission to administer medication form needs to be completed if taking medication during camp hours)			
Please Explain: Prescription Name, prescribing physician, side effect(s):			
Does your child have identified medical, personal care, special need(s) developmental, physical, emotional, or learning disabilities? Yes No If yes, please explain			

### PARENT/GUARDIAN INFORMATION

Mother's Name	SS or DL #	Home Phone	Work Phone	Cell Phone
Home Address (Street, City, State, Zip Code)				
Place of Employment	Email Address	Do you have legal custody of child? Yes No		
Father's Name	SS or DL #	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip Code)				
Place of Employment	Email Address	Do you have legal custody of child? Yes No		

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**EMERGENCY INFORMATION (2 ADULTS OTHER THAN PARENT/GUARDIAN)**

Name	Relationship	Work Phone	Home Phone
Home Address (Street, City, State, Zip Code)			Cell Phone
Name	Relationship	Work Phone	Home Phone
Home Address (Street, City, State, Zip Code)			Cell Phone
I give permission for my child to swim or wade during pool time and/or on field trips ____ Yes ____ No			
I give permission for my child to swim in water above shoulder height ____ Yes ____ No			
I give permission for my child to sign him/herself out of camp _____ Yes _____ No			
Sign In Time _____		Sign Out Time _____	

**WAIVER:** In consideration of my child(ren) being granted permission by the Town of Herndon, Virginia to participate in these programs and associated activities, I hereby release the Town of Herndon, Virginia and its officers, employees, agents, and volunteers from any and liability relating to or arising out of the above name's participation. I authorize the Town of Herndon 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 my child(ren) as the same deem advisable, if the participant becomes ill, the staff will notify the parent, and if requested by the staff, the parent will arrange to have the child picked up as soon as possible. Participants in activities sponsored or co-sponsored by the Parks and Recreation Department consent to the department's use of any photograph, film, videotape of the activity in any marketing or promotional material.

Parent Name(printed) \_\_\_\_\_ Parent Signature \_\_\_\_\_