

HERNDON PARKS & RECREATION DEPARTMENT

SUMMER CAMP INFORMATION FORM

SELECT A PROGRAM(S)

HERNDON ODYSSEY

- Session I: 6/17-6/28
- Session II: 7/1-7/12
- Session III: 7/15-7/26
- Session IV: 7/29-8/9

TEEN DISCOVERY

- Session I: 6/17-6/28
- Session II: 7/1-7/12
- Session III: 7/15-7/26
- Session IV: 7/29-8/9

COUNSELOR IN TRAINING

- Session I: 6/17-6/28
- Session II: 7/1-7/12
- Session III: 7/15-7/26
- Session IV: 7/29-8/9

required orientation (choose 1)
 6/15 7/13

ENGINEERING WITH LEGO®

- Ninjaneering
- Intro to STEM
- STEM Challenge

STORYBOOK DANCE CAMP

- Dancing Princess *
- Dancing Fairies *
- Fancy Nancy
- Mermaids, Mermen, Fishes and Wishes
- Super Hero

PRESCHOOL PLAY CAMP

- All About Me
- Community Helpers
- Fun In Nature
- Time Travelers

MUNCHKATEERS

- AM: 6/17-6/21
 7/15-7/19

- PM: 6/17-6/21

GYMNASTICS *

- Session I: 6/24-6/28
- Session II: 7/1-7/5
- Session III: 7/29-8/2
- Session III: 8/5-8/9

GYMNASTICS ACRO *

- Session I: 7/8-7/12
- Session II: 7/22-7/26
- Session III: 8/12-8/16

NATURE CAMP

- Wing-It
- Nature As Art
- Grossology
- Aquatic Adventures
- Ahoy Matey
- Buggin' Out
- Games Galore

SPECIALTY CAMPS

- Aquatics *
- Basketball
- Multi-Sport
- Soccer: NOVA Legend
- Tumbling *

EXTENDED CARE

*(If you see this symbol * extended hours are available.)*

TENNIS FULL DAY

- Session I: 6/17-6/21 *
- Session II: 6/24-6/28 *
- Session III: 7/8-7/12 *
- Session IV: 7/15-7/19 *
- Session V: 7/22-7/26 *
- Session VI: 7/29-8/2 *
- Session VII: 8/5-8/9 *
- Session VIII: 8/12-8/16
- Session IX: 8/19-8/23

TENNIS HALF DAY

- Session I: 6/17-6/21
- Session II: 6/24-6/28
- Session III: 7/8-7/12
- Session IV: 7/15-7/19
- Session V: 7/22-7/26
- Session VI: 7/29-8/2
- Session VII: 8/5-8/9
- Session VIII: 8/12-8/16
- Session IX: 8/19-8/23

TEEN DISCOVERY EARLY BIRD

PARTICIPANT INFORMATION

Camp Title

Last Name

First Name

Nickname

Sex

Age

D.O.B.

Address (street, city, zip code)

School Participant Attends

Grade as of September 2019

To ensure the best possible experience, tell us about your child. Including any emotional, behavioral, physical, or developmental challenges.

Please list any allergies

NOTE: Any medication(s) to be administered during program hours requires a separate medication permission form.

I give permission for my child to swim at the indoor facilities at the Herndon Community Center under the supervision of the staff and lifeguards. Not all camps will go swimming.

- yes
- no

Both pages of this form must be fully completed and returned to the department prior to child(ren) attending camp.

Herndon Parks and Recreation Department

Mailing Address

777 Lynn Street
 Herndon, VA 20170

Physical Address

814 Ferndale Avenue
 Herndon, VA 20170

parksandrec@herndon-va.gov

703-787-7300

herndon-va.gov/recreation

PARENT/GUARDIAN INFORMATION

Mother's Name	Cell Phone	Home Phone	Do you have legal custody?	
			<input type="radio"/> yes	<input type="radio"/> no
Address (street, city, zip code)				
Place of Employment	Work Phone	Email Address		
Father's Name	Cell Phone	Home Phone	Do you have legal custody?	
			<input type="radio"/> yes	<input type="radio"/> no
Address (street, city, zip code)				
Place of Employment	Work Phone	Email Address		

EMERGENCY CONTACTS (MUST BE AVAILABLE DURING CAMP HOURS)

Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone
Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone

AUTHORIZED PICK-UP (PERSONS, IN ADDITION TO THE CONTACTS LISTED ABOVE, WHO ARE AUTHORIZED TO PICK-UP CAMPER)

Name	Phone
Name	Phone
Name	Phone

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/Guardian Name (PRINT)

Parent/Guardian Signature

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