2009 Super Summer Teen Camp Registration Form

Roanoke County Parks, Recreation & Tourism

Part A: Child & Family Information (please PRINT clearly in ink and use a separate form for each child)

My child will attend Super Summer Teen Camp at **Brambleton Teen Center** weeks 1-9_ **OR** (check weeks below):
week 1__ week 2__ week 3__ week 4__ week 5__ week 6__ week 7__ week 8__ week 9__
(see attached schedule for dates of each week)

Childs T-shirt size - Adult: S__ M__ L___XL___

Child's Full Name_____Nickname_____
Child's Home Address_____Zip_____
Phone_____Birthdate___/___/___Age____Sex____Grade (**8/08**)_____
Custodial Parent(s)/Guardian(s) Name(s)_____
Address_____Zip_____
Home Phone_____ E-mail _____
Father's Place of Employment_____Phone_____
Mother's Place of Employment_____Phone_____
List any non-custodial parent who may NOT pick up your child:_____
(must provide copy of custodial agreement)
*****NOTE: any non-custodial parents/guardians who will be picking up children must be listed in PART B below.**

*PLEASE WRITE **N/A** IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY:*

Does your child have a history of health problems that the Camp Staff should be aware of?
_____
_____

Does your child have any disabilities? (In accordance with ADA, we will make reasonable accommodations to insure the best possible experience for every child)
_____
_____

Please list any medications your child is taking:
_____
_____

Please list any known allergies (medications, bee stings, foods, sunscreen, etc) and any specific actions to be taken in the event of an allergic reaction:
_____
_____

Family Doctor_____Phone_____
Address_____ City_____ State_____ Zip_____

Part B: Emergency Contacts

List at least two persons **other than parents** approved for pick-up* who may also be contacted in case of an emergency (**name, relationship to your child, address & phone**; **must be at least 16 years old and live within 30 minutes of Roanoke):**
Name_____ Relationship _____
Address _____ City_____ State___ Zip_____Phone_____

Name_____ Relationship _____
Address _____ City_____ State___ Zip_____Phone_____

***Children will NOT be permitted to leave with anyone unless their name is on the approved list.**

Part C: Has your child been previously enrolled in ASK or KIC? ___YES ___NO. If yes, what is the most recent year s/he was enrolled? _____. If **YES**, please skip to ***Part E*** below; if **NO**, please continue with ***Part D***.

Part D: (You may omit this part if you answered YES to ***Part C*** above)

1. Please attach a copy of your child's school entrance physical and up-to-date immunization record
2. Please attach a certified copy of your child's birth certificate (this will be returned with registration confirmation).

***Registration forms without this information will not be accepted.**

Part E: Assumption of Risk & Indemnification Agreement

I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Roanoke County's recreation programs. In signing this form, I have read and understand all the attached policies concerning the Super Summer Teen Camp Program.

Signature_____Date_____
___Parent ___Guardian

Part F: Photoragphy Release

I, the undersigned, hereby give permission for my child,_____to be photographed while participating in Roanoke County Recreation programs, and I give this department permission to use or distribute such photo and identification. I understand this consent complies with section 8.01-40 of the Code of Virginia.

Must check yes or no: yes___ no___

Signature_____Date_____
___Parent ___Guardian

Part G: Parent/Guardian Notification of Sick Child

The Super Summer Teen Camp Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Super Summer Teen Camp Program.

Part H: Authorization to Obtain Emergency Medical Care

The parent(s)/guardian(s) authorize the Super Summer Teen Camp Program to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

Part I: Parents Agreement to Notify Camp Staff of Communicable Diseases

The parent(s)/guardian(s) agree to inform the Super Summer Teen Camp Program within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

Part J:

Please enclose $25 **non-refundable** deposit for each week of camp listed in Part A. Make check payable to: Treasurer of Roanoke County. Non-refundable balance due one week prior to the start of each camp week.

Return completed registration form, health information, birth certificate (if required), deposit, signed permission slip & sunscreen authorization for to:

Super Summer Teen Camp
3738 Brambleton Teen Camp Sw
Roanoke, VA 24018
540-772-7529

For Office Use Only:
Deposit ___/___/___ amount $_____ receipt _____
Balance __/__/__ amount $_____ receipt #_____
Enrollment Date ___/___/___ staff initials____
Termination Date ___/___/___
Reason for Termination

IDENTITY VERIFICATION
(if answer to Part C is "NO")

Place of Birth:_____
Date of Birth: _____
Birth Certificate Number:_____
Other Form of Proof:_____
Administrative Staff_____ Date_____

Part B continued: Super Summer Teen Camp Additional Pick Up List

For additional individuals allowed to pick up your child, please list below. Include name, relationship to your child, address and phone number.

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

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City _____ State_____ Zip_____

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City _____ State_____ Zip_____

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City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Super Summer Teen Camp

Field Trip Permission Slip/Swimming Abilities

Roanoke County Parks, Recreation & Tourism

*please complete a separate form for each child

My child, _____, has permission to travel on all field trips with the *2008 Super Summmer Teen Camp Program*. A schedule of all field trips is included in the registration packet and will be posted at the Brambleton Teen Center. Transportation for all field trips will be provided by Roanoke County School Bus. Children will be supervised by Teen Camp staff at all times.

_____
Parent/guardian

_____ _____
Signature date

My child's _____swimming abilities are:
Child's Full Name

___ cannot swim at all; must be closely supervised in shallow (3') end

___ can swim in shallow end (3')

___ can swim in up to 5' water

___ can swim in deep end (up to 8')

All children must demonstrate to Teen Camp staff their ability to swim the width of the pool in the 3' section without stopping before being allowed to swim in deeper sections of the pool.

*please return completed permission/swimming abilities form with Super Summer Teen Camp registration form

Sunscreen Authorization

Dear Super Summer Teen Camp Parents:

The Super Summer Teen Camp Program will be going swimming at least once a week and on various outdoor field trips. Sunscreen is a necessary precaution and a bottle is kept in the first aid bag at all times. The brand that we use is Banana Boat for Kids SPF 50, which is Paba-free. Please sign below authorizing our staff to apply sunscreen to your child (ren). Also if your child has any adverse reactions to sunscreen please note that in the space provided below. Thank you.

Tammy Renicker and Paul Nester, CPP
Teen Programmers
Super Summer Teen Camp, Directors

Adverse reactions to sunscreen:

_____

_____

_____

I _____ authorize Teen Camp staff to apply sunscreen
Parent/guardian signature
to my child(ren) when necessary.