

ARLINGTON COUNTY TEEN PROGRAMS REGISTRATION FORM

ACTIVITY (FOR STAFF USE ONLY): _____

Child's Name _____ Gender _____ Birth date ____/____/____ Grade _____

Street Address _____ City _____ State _____ Zip _____

Father/Guardian 1 Name _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mother/Guardian 2 Name _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name & address of Emergency Contact (if parent/guardian cannot be reached)

Name _____ Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

INFORMATION & CHARACTERISTICS

| | YES | NO | ADD EXPLANATION & COMMENTS |
|----------------------------------|--------------------------|--------------------------|--|
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medications | <input type="checkbox"/> | <input type="checkbox"/> | Type & Dosage: _____ |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dietary restriction | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physical limitations/restriction | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chronic conditions/illnesses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Any unusual fears | <input type="checkbox"/> | <input type="checkbox"/> | |
| Easily upset | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physically aggressive | <input type="checkbox"/> | <input type="checkbox"/> | (includes difficulty controlling temper) |
| Withdrawn, shy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hyperactive | <input type="checkbox"/> | <input type="checkbox"/> | |

Please list any needed special assistance or accommodations: _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENTS TO HOLD HARMLESS AND PHOTO RELEASE

The undersigned is aware that there are certain risks involved in participating in the Teen Afterschool Program and events including but not limited to the risk of theft or damage to my property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by Arlington County Department of Parks and Recreation, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Afterschool Program and events. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on the field trips during this program. I understand that I will be informed in advance of any field trips. The Afterschool Program and events agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parents/guardian authorizes the After School Program to obtain immediate medical care if an emergency occurs when he/she cannot be reached immediately.

Parent/Guardian Signature _____ Date: _____

Photo Release

I hereby give my permission without restriction to Arlington County and its assignees to photograph or videotape my child during participation in Teen Afterschool Programs and events. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for County programs.

Parent/Guardian Signature _____ Date: _____



DEPARTMENT OF PARKS
AND RECREATION

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