

ARLINGTON COUNTY TEEN PROGRAMS
REGISTRATION FORM

PROGRAM/LOCATION: _____ HOUSEHOLD NUMBER: _____

Child's Name _____ Pronouns _____ Birth date ____ / ____ / ____ Grade _____
Street Address _____ City _____ State ____ Zip _____
Parent/Guardian 1 Name _____ Email _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Parent/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 (____) _____

Arlington County Code of Conduct (Participant initials)

We strive to provide a welcoming, safe, supportive and enjoyable environment for program participants. We believe that all individuals have the right to be treated with dignity and respect regardless of abilities or limitations. We are committed to promoting positive participation to ensure a successful and fun recreational experience for all. The Code of conduct policy helps us keep all participants protected and safe during programs. **Child initial** _____

Appropriate behavior expectations for all participants: Exhibit appropriate behavior and follow directions while participating, spectating or attending park and recreation activities, show respect for all individuals and Arlington County property, demonstrate self-control and appropriate self-conduct, Refrain from using foul or abusive language. Do not cause bodily harm or unwanted contact to self or others, Do not behave in a way that may constitute a danger to yourself or others or lead to a hostile environment. **Child initial** _____

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Withdrawn, shy	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 support 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 authorize 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 (Optional)

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: _____

Sports and Recreation Division – Office for Teens
3501 2nd St. South, Arlington VA 22204
703-228-4747 TTY 711. OFT@arlingtonva.us

