Please review the information below regarding the required forms and documents to complete your child’s summer camp registration. Failure to submit the required registration form and documents will result in your child being withdrawn and fees will be forfeited.

### REQUIRED FORMS AND DOCUMENTS TO COMPLETE REGISTRATION

**Note – failure to submit these will result in your child being withdrawn and fees will be forfeited**

- **2020 Summer Registration Form**
  - All sections on each page are completed and signed by a parent/legal guardian
  - At least 2 adults, other than a parent are indicated as Emergency Contacts & Authorized to Pick-Up

- **Current Custody Order or Notarized Power of Attorney for Legal Guardians Indicated**
  - Notarized Power of Attorney must indicate the legal guardian has the right to perform parental acts such as registering for daycare and/or school. A Medical Power of Attorney is not acceptable

### ADDITIONAL REQUIRED FORMS AND DOCUMENTS IF APPLICABLE TO YOUR CHILD

- **Registered for a Licensed Early Childhood Program? Not a Virginia Beach City Public School Student? If yes:**
  - **Original Birth Certificate** for viewing
  - **Current School Entrance Immunization**
  - **Current Physical Record**
    - Submit before your child may attend

**Will your child require medication to be administered during camp? If yes:**

- **Medication Consent Form** located [www.vbgov.com/camps](http://www.vbgov.com/camps) or at any VB Rec Center
  - Submit our form at least 2 weeks prior to beginning
  - **Note – Please review our form to ensure all sections are accurately completed. Incomplete and/or outdated forms will delay the approval process.**

**Will your child require an epinephrine injection during camp? If yes:**

- **Consent and Release of Epinephrine Form** located [www.vbgov.com/camps](http://www.vbgov.com/camps) or at any VB Rec Center
  - Submit our form at least 2 weeks prior to beginning
  - **Note – Please review our form to ensure all sections are accurately completed. Incomplete and/or outdated forms will delay the approval process.**

**Does your child require an accommodation? If yes, the form below is required**

- **Inclusion, Accommodation & Special Needs Request Form**
  - Complete the appropriate form on-line at [www.vbgov.com/inclusion](http://www.vbgov.com/inclusion)
  - E-mail completed form to princlusionservices@vbgov.com
  - **Note – Accommodations do not automatically transfer. An Inclusion Specialist will contact you once they have received your request.**

**Would you like to have your payments set up on autopay? If yes:**

- **Authorization for Automatic Payments Form** located [www.vbgov.com/camps](http://www.vbgov.com/camps) or at any VB Rec Center
  - Submit at least 5 business days prior to the payment due date
  - **Note – Automatic Payments do not transfer between programs. A new form is required for each registration period.**
**Out-of-School Time Program 2020 Summer Registration Form**

All sections of this form must be completed, and submitted with payment. If the Release of Virginia Beach City Public Schools Student Information section is incomplete, does not indicate a Virginia Beach City Public School, or in an Early Childhood Program: original birth certificate, school entrance immunization and physical records must be submitted prior to attending.

### PARTICIPANT INFORMATION

Complete all fields below. One form per participant is required.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City &amp; Zip</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Phone**

- [ ] Female
- [ ] Male
- Date of Birth

**Nickname**

**Physician’s Name & Practice**

**Previous Daycare/School**

**Allergies to food, medicines, etc.**

Will participant require medication to be administered during the program?  
- [ ] NO  
- [ ] YES A **MEDICATION CONSENT FORM IS REQUIRED**

Does participant have special needs (developmental, emotional, physical) that require accommodations?  
- [ ] NO  
- [ ] YES AN **ACCOMMODATION FORM IS REQUIRED**

Has participant had an Accommodation Plan with us in the past?  
- [ ] NO  
- [ ] YES **PLEASE PROVIDE DATES:**

### PARENT/LEGAL GUARDIAN INFORMATION

Complete all fields below. Legal Documentation is required at registration and does not stay on file for Legal Guardians.

**Relationship to participant:**  
- [ ] Parent  
- [ ] Step-Parent  
- [ ] Legal Guardian **Legal Documentation required**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City &amp; Zip</th>
<th>Email (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Primary Phone**

- [ ] Home
- [ ] Cell

**Secondary Phone**

- [ ] Work
- [ ] Cell

**Employer**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### EMERGENCY CONTACT & AUTHORIZED TO PICK UP INFORMATION

Complete all fields below for each adult other than the parents above; minors cannot be indicated.

**Name**

**Address**

**City & Zip**

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Secondary Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Relationship to Participant**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City &amp; Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### PERSON(S) NOT-AUTHORIZED TO PICK UP

Non-Custodial parent(s) shall be allowed to pick up unless a court order prohibiting such release or terminating parental rights is submitted with this registration form. Documentation does not stay on file and is required for each program registration period if indicating a biological or step-parent below.

**Name(s)**

**Relationship to Participant**

REVISED 1/2020
INDICATE THE CAMP, LOCATION AND WEEKS DESIRED WITH A ✓ (WRITE THE NAME OF THE SCHOOL LOCATION AND/OR SPORT & SPECIALTY CAMP)

LICENSED EARLY CHILDHOOD:
- Preschool 2.5-3.5 Years
  - Bow Creek Rec
  - Kempsville Rec
- Pre-K Rising Kindergarten
  - Princess Anne Rec*
  - Williams Farm Rec
*Preschool & Preschool Only

LOCATION:
- #1: June 15-19
- #2: June 22-26
- #3: June 29-July 3
- #4: July 6-10
- #5: July 13-17
- #6: July 20-24
- #7: July 27-31
- #8: Aug 3-7
- #9: Aug 10-14
- #10: Aug 17-21
- #11: Aug 24-28
- #12: Aug 31 – Sept 4

SCHOOL AGE:
- Juniors rising 1st - 2nd grader
  - Bayside
  - Bow Creek
- Seniors rising 4th - 6th grader
  - Great Neck
  - Kempsville
  - Princess Anne

KID QUEST SCHOOL LOCATION:
- #1: June 15-19
- #2: June 22-26
- #3: June 29-July 3
- #4: July 6-10
- #5: July 13-17
- #6: July 20-24
- #7: July 27-31
- #8: Aug 3-7
- #9: Aug 10-14
- #10: Aug 17-21
- #11: Aug 24-28 Select Locations

MIDDLE SCHOOL MANIA:
- Rising 6th – 8th grader

MIDDLE SCHOOL LOCATION:
- #2: June 22-26
- #3: June 29-July 3
- #4: July 6-10
- #5: July 13-17
- #6: July 20-24
- #7: July 27-31
- #8: Aug 3-7
- #9: Aug 10-14
- #10: Aug 17-21

RELE ASE OF VIRGINIA BEACH CITY PUBLIC SCHOOLS STUDENT INFORMATION complete all fields below

FERPA Authorization: I hereby authorize the School Board and School Administration for Virginia Beach City Public Schools to release and/or discuss non-directory and related information regarding the student named on this registration form to: City of Virginia Beach Department of Parks & Recreation Staff, Out-of-School Time Programs, 2154 Landstown Road, Virginia Beach, VA 23456 (Phone: 757-385-0402).

The purpose of releasing this information is: to obtain information relevant to the student’s birth certificate, custody and visitation arrangements, inoculation or related health records and emergency contact information. I affirm that I have read carefully the foregoing authorization and that I fully understand the meaning and intent of this release. I affirm that I have signed this authorization voluntarily, and knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of an updated FERPA Authorization Release to the school that the student attends.

For participants in RISE Programs at Title I Schools who apply for a reduced fee: I hereby give permission to the School Board and School Administration of the Virginia Beach City Public Schools to release to Virginia Beach Parks and Recreation information concerning eligibility for Free and Reduced Lunch under the National School Lunch Act for the participant listed below. This information may be released for the sole purpose of determining eligibility for participation in or reduction of participation fees in the RISE Program. This information may not be used for any other purpose and may not be shared with persons not directly related to the program for which the student’s are applying.

Student’s Name
School Attends
Parent/Legal Guardian Signature
Parent/Legal Guardian Printed Name

PROGRAM INFORMATION AND EXPECTATIONS OF ALL PARTICIPANTS complete all fields below

To ensure an understanding and acknowledgement please check off each box and sign below:
- Staff will attempt to notify me whenever my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within the hour of receiving the phone call.
- If my child or someone in my household comes down with a reportable communicable disease, I will notify OST staff within 24 hours so they can notify the parents of other program/camp participants and local health authorities (all names will remain confidential).
- An emergency operations plan has been developed to help staff and participants be prepared for situations. This is posted at all sites, updated annually and a copy of the plan can be provided upon request.
- I authorize emergency personnel to treat my child in case of an emergency.
- I understand that staff will keep me updated on my child’s behavior. If I do not pick up my child, I release staff to share behavioral information to the approved individual on my pick-up list.
- If my child is enrolled in a licensed program, I will be provided written summaries on my child’s behavior at least twice a year.
- I am responsible for reviewing contents of the Parent Handbook and complying with its contents.
- I will provide my child’s proof of identity (Birth Certificate, Passport) and immunization record if they are enrolled in a licensed early childhood program and/or they are not enrolled in the Virginia Beach City Public Schools.

Parent/Legal Guardian Signature
Date

ASSUMPTION OF RISK AND POLICIES & PROCEDURE must be completed; if declined/incomplete will not be able to register/attend

I, for myself and/or child named here as a patron and/or participant in a Virginia Beach Parks & Recreation Facility and/or Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Parks & Recreation Facilities and/or Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I agree to follow all the policies and procedures in the Parent Handbook. I hereby provide my consent for the Department of Parks and Recreation to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use.

Parent/Legal Guardian Signature
Printed Name
Date

Office Use Only
Received By & Date
Document Type:
- Birth Certificate
- Birth Record
- Passport

Document/Passport #
Date Issued
Date Expires

Date of Birth
Place of Birth

Program Start Date
Program End Date

Comments