

I would like my child enrolled all **10** months of the 2019-2020 school year:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Office Use Only  
Beg. Date \_\_\_\_\_  
End Date \_\_\_\_\_  
2019-2020



2019-2020 RecCreate Registration and Information Form  
SCHOOL NAME: \_\_\_\_\_

Always give complete 911 physical addresses. If a mailing address is different, please include it also.

Child's Name \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

**Family Information**

**(1)** Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Preferred Email Address for Office Use:** \_\_\_\_\_

**Cell Phone Provider:** **(1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**(2)** Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any serious or chronic medical condition (including allergies or intolerance to any food or medication) that requires any special accommodations? (Check one) Yes No  
If YES, please identify condition and accommodation required.

\_\_\_\_\_

Daily Medications? (Check one) Yes None  
If YES, please list \_\_\_\_\_

\_\_\_\_\_

**Release Information**

The following persons are given my permission to pick up my child from the RecCreate program daily and/or in the event of any emergency if I cannot be reached. (List a minimum of 2 persons other than parents/guardians listed on first page, living in a 30 minute pickup radius of the site). Give complete 911 addresses.

<u>Name</u>	<u>Complete 911 Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person(s) NOT authorized to pick up my child: (If a natural birth parent is listed here, you must provide copies of court papers documenting this restriction.)

Please provide any additional comments that might provide valuable information for the RecCreate staff.

Agreements

By signing this form, I, as parent/guardian of the previously named-child,

- Have read a copy of the Parent/Guardian Handbook and agree to adhere to all the policies outlined in it including the **Monthly Fee Policies** and the **Cancellation from Program and Refund Policies**. I understand that once submitted the registration fee is non-refundable should my child not attend the program.
- Consent to the child’s participation in the RecCreate Program sponsored by the Department of Parks and Recreation.
- Waive rights to and release all claims that might be held against the County of Augusta and its agents and all injuries or losses which may be suffered because of my child’s participation in the RecCreate Program.
- Authorize the RecCreate Program to obtain immediate medical care for my child if any emergency occurs and I cannot be contacted immediately.
- Give permission for my child to participate in any field trip/special activity or event that is associated with the RecCreate Program. Advance notice of trips will be given so parents may withdraw permission for a planned trip if desired.
- Will be responsible for payment of all fees for my child’s participation in the RecCreate Program.
- Under the provisions of the Virginia Freedom of Information Law, I hereby request that any and all personal information regarding my child be retained by the Augusta County Parks and Recreation Department as exempt from disclosure.

Optional Permissions

Please **initial** in the appropriate spaces below to indicate your desire as a Parent/Guardian.

Pictures:

\_\_\_\_\_ I give permission for my child to have his/her picture taken during the RecCreate Program. I understand that any picture may be used in the future for publication and promotion of Augusta County Parks and Recreation.

\_\_\_\_\_ I do not want my child’s picture to be taken during the RecCreate Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

By checking this box I certify that the information provided on this form is complete and correct to the best of my knowledge. I understand and hereby agree that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.