

## ACTIVE Questions for Summer Camp Registrations

Primary Parent / Guardian NAME

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Primary Parent / Guardian PHONE #

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Primary Parent / Guardian EMAIL

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Secondary Parent / Guardian NAME

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Secondary Parent / Guardian PHONE #:

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Secondary Parent / Guardian EMAIL

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1. First Emergency Contact (not parent) NAME

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2. First Emergency Contact (not parent) PHONE #

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1. Second Emergency Contact (not parent) NAME

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2. Second Emergency Contact (not parent) PHONE #

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Does your child require any emergency administered medication? (epinephrine, inhaler, etc.) If yes, please specify and offer any additional information needed. Please note NONE if appropriate.

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Does your child have any allergies? If yes, please specify allergy and possible reactions. Please note NONE if appropriate.

Please provide any accommodations / special needs that your child may require. Please note NONE if appropriate.

Other than the parents / guardians and emergency contacts, please provides the NAMES of any other adults you authorize to pick up your child from camp. Please note NONE if appropriate.

Please provide the NAMES of any person NOT authorized to pick up your child from camp. Please note NONE if appropriate. Please forward any custody papers to Camp Management if a parent / guardian is not allowed to pick up your child.

What is your child's T-Shirt Size? Please note we have both youth and adult sizes.

What name / nickname does your child prefer?

I give permission for use of my child's photo/video for external marketing purposes.

I give permission for use of my child's photo/video for internal communications to camp parents (highlights of what your campers did each day, etc.)

I understand the camp refund policy: There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds must be requested at least 60 days prior to the camp session. Refunds will only be made if we are able to fill the spot created by your cancellation. All but \$50 will be refunded if we are able to fill your vacancy.

I have read the Camp Policies and Rules of Conduct, fully understand its contents, and accept them voluntarily for myself and my child.

 YES SELECTION

By submitting this form, I give my approval for my child to participate in this program and for staff to follow established emergency procedures in caring for my child.

 YES SELECTION

I hereby authorize NOVA Parks and/or its designated contractor to provide and/or seek medical treatment for my child in the event medical care is required. In the event of an anaphylactic or asthma related emergency, I authorize NOVA Parks and/or designated contractor to assist my child with administering their prescribed epi-pen injector or asthma inhaler as part of transitional care until emergency medical services arrive on scene. I understand that I am responsible for all medical expenses incurred by my child and that NOVA Parks advises that I carry health insurance for my child. I have read the polices for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct. NOVA Parks Day Camp program is exempt from licensure based on Section 22.1- 289.030 B.6- a program of recreational activities offered by local government. This program is subject to safety and supervisory standards established by the local government offering the program.

 YES SELECTION

NAME and PHONE # of person completing this form

 TEXT BOX