



Loudoun County Department of  
Parks, Recreation and Community Services Activity Registration

## Summer Career Camps Program

2009 Registration

**PARTICIPANT AGREEMENT**

ACTIVITY NUMBER: \_\_\_\_\_ CAREER CAMP: ( ) ART ( ) ANIMAL ( ) SPORTS  
-\$20.00 Registration Fee per camp-

**HOUSEHOLD INFORMATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender:  Male  Female High School \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Or Adult Participant (18 & over)

Father/Guardian: \_\_\_\_\_

Household/Adult Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Emergency Contact Name (1): \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_ Phone #: \_\_\_\_\_

List adults who will be permitted to pick up your child from program activities: \_\_\_\_\_  
\_\_\_\_\_

**ADA - Loudoun County Parks, Recreation and Community Services is committed to complying with the Americans with Disabilities Act (ADA). If you need accommodations in order to participate, call the appropriate Community Center/Program Area at least one week prior to the start of the activity.**

**PRESCRIPTION DRUG AGREEMENT (IF APPLICABLE)**

I understand that Loudoun County Parks, Recreation and Community Services staff will not be responsible for dispensing medication to my child. I also agree to notify program staff with a written, signed note from a physician if my child is required to carry medication(s). I further understand that failure to adhere to this agreement will result in my child's expulsion from the program.

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

\_\_\_\_\_  
Date

## CHILD MEDICAL INFORMATION

Does your child require medications?  Yes  No

Does your child have any allergies?  Yes  No

If yes, please list allergies: \_\_\_\_\_

Does your child have any medical conditions?  Yes  No

If yes, please list only if the condition is one which could require special attention or emergency treatment (i.e. diabetes, epilepsy, asthma, etc.): \_\_\_\_\_

I wish to register my child(ren) for the [Summer Career Camps Program](#). I understand that the Loudoun County Department of Parks, Recreation and Community Services (PRCS) will not be responsible for my child(ren) when he/she is traveling to and from the [Summer Career Camps Program](#) via transportation not provided by the County of Loudoun. Also, by signing below, I give permission for Loudoun County PRCS to use photographs and videos of me or my child(ren) for publicity in order to increase community awareness of PRCS programs and in all publications and other media without limitation. The nature and scope of the activity listed above have been fully explained to me by the Parks, Recreation and Community Services Staff and I understand that there may be risks and dangers associated with this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for their own safety and of the other participants and will abide by the safety rules and regulations established for the activity.

In consideration of the participant being permitted to enroll and partake in this activity, I agree to assume all risks to my (child's) person or property, including transportation, incidental to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the County of Loudoun, the Loudoun County Department of Parks, Recreation and Community Services and any Employees or Volunteers thereof, against any injury to person or property arising out of this registration.

\_\_\_\_\_  
Signature of Parent/Guardian/Participant

\_\_\_\_\_  
Date

## (OPTIONAL) STATISTICAL INFORMATION

The following information is being collected for statistical purposes only. The information you provide is helpful to our agency when making applications for grants or other funding sources which help us bring quality programs to the community. This information will not be shared with other agencies and is solely intended for statistical reporting by our agency.

Child's Race/Ethnicity: _____	Caucasian	Annual Household Income: _____	Below \$15,000
_____	African American	_____	\$15,000 - \$20,000
_____	American Indian/Alaskan Native	_____	\$21,000 - \$25,000
_____	Asian	_____	\$26,000 - \$30,000
_____	Hispanic/Latin American	_____	\$31,000 - \$35,000
_____	Middle Eastern	_____	\$36,000 - \$40,000
_____	Native Hawaiian/Pacific Islander	_____	\$41,000 - \$45,000
_____	Other: _____	_____	Above \$46,000