



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

# Project Discovery Program

2009 Registration

## PARTICIPANT AGREEMENT

### HOUSEHOLD INFORMATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

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

Father/Guardian: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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 [Project Discovery 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 [Project Discovery 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.

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

\_\_\_\_\_  
Date

**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  
 African American  
 American Indian/Alaskan Native  
 Asian  
 Hispanic/Latin American  
 Middle Eastern  
 Native Hawaiian/Pacific Islander  
 Other: \_\_\_\_\_

Annual Household Income:  Below \$15,000  
 \$15,000 - \$20,000  
 \$21,000 - \$25,000  
 \$26,000 - \$30,000  
 \$31,000 - \$35,000  
 \$36,000 - \$40,000  
 \$41,000 - \$45,000  
 Above \$46,000