



JEFF ROUSE SWIM AND SPORT CENTER

Spring Break 2020 Summer Camp 2020

PARTICIPANT'S INFORMATION

Participant's Name (First, MI, Last)	Nickname	Date of Birth	Age	M/F
Participant's Address	City, State, Zip Code			Grade in/entering
Person(s) or Agency Having Legal Custody of Child				

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last)	Home Address	Home:
Place of Employment	Employment Address	Work:
		Cell:
Parent/Guardian Name (First, Last)	Home Address	Home:
Place of Employment	Employment Address	Work:
		Cell:
Please list in order the best phone numbers to reach you during camp hours		
Primary Contact #	Secondary Contact #	E-mail Address

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency		
List all medications your child takes daily and any possible reactions		
Name of Participant's Physician	Physician's Telephone No.	
Emergency Contact Person (Other Than Parent, Must Be Local)		
Address	City, State, Zip Code	Telephone No.
Emergency Contact Person (Other Than Parent, Must Be Local)		
Address	City, State, Zip Code	Telephone No.
Person(s) Authorized To Pick Up Participant:		
Person(s) <i>Not</i> Authorized To Pick Up Participant *:		

* Appropriate paperwork such as the custody decree shall be attached if a parent/guardian is not allowed to pick up the child.

ASSUMPTION OF RISK • AGREEMENT • PERMISSION SLIP

I AGREE TO THE FOLLOWING:

1. I will pick up or make arrangements for my child to be picked up immediately if notified that my child has become ill or behavior issues arise.
2. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
3. I have read and understand the parent handbook, as it relates to Facility Policies including cancellation, code of conduct, discipline, refunds, late payment fee, and late pickups.
4. I, for myself and child, as a guest and/or participant with the Jeff Rouse Swim & Sport Center am aware of the possibility of accidental or other physical injury which may befall me or my child during the use of the facility, equipment, and/or participation in programs conducted by this department. I hereby assume the risks of possible accidental physical injuries that I or my child may suffer while utilizing the Jeff Rouse Swim & Sport Center facilities and/or programs, therefore releasing from any and all liability or cause of action, the Jeff Rouse Swim & Sport Center, its employees and volunteers.
5. The Jeff Rouse Swim & Sport Center camp program, before and after school program, and day care program is exempt from licensure according to the Code of Virginia 63.2-1715. The Jeff Rouse Swim & Sport Center allows children to enter and leave the premises without permission or supervision. All procedures and policies according to the Virginia State licensing standards are followed.
6. I also give the Jeff Rouse Swim & Sport Center and its staff permission: **(Please initial below)**

_____ To apply Back Woods Cutter bug spray, Coppertone Kids Spray 50 SPF sunscreen or one that I supply to my child

_____ To take my child swimming and wading

_____ To record my child's likeness and/or voice for use by television, film, radio, social media, or printed media to further the aims of the Jeff Rouse Swim & Sport Center in related campaigns and magazine articles, booklets, posters, and in other ways that they see fit.

Please circle the rate of your child's swimming ability:

Non-Swimmer
Shallow end only

Swimmer
May need wall for support

Intermediate Swimmer
Comfortable in deep water for short periods

Advanced Swimmer
No restrictions

Parent/Guardian Signature

Date

Staff Signature

Date

Jeff Rouse Swim & Sport Center Camp Programs

Program Information and Signature Form

To ensure an understanding and acknowledgment of the program rules and regulations, please review the following, initial each item, and sign where indicated:

- _____ If my child is not picked up at the close of the program, I will be charged a late fee of \$10.00 per child for each fifteen (15) minute interval, or any portion thereof. Payment will be invoiced to my account and will be paid prior to the next camp date.
- _____ The Jeff Rouse Swim & Sport Center staff will attempt to notify me whenever my child becomes ill or has behavior issues. I will arrange to have my child picked up immediately. I also authorize the staff to obtain immediate medical care if any emergency occurs when I cannot be immediately located.
- _____ I understand that the Jeff Rouse Swim & Sport Center requires all children to be signed in and/or out daily by a parent/guardian. I or any person picking up my child will provide photo identification before my child will be released from care.
- _____ If my child or any one in my family comes down with a communicable disease (lice, measles, chicken pox, etc) it is my responsibility to notify the Jeff Rouse Swim & Sport Center Camp Coordinator within 24 hours so that they can notify all other campers (all names will remain confidential).
- _____ I understand that the staff will be updating all parents on the behavior of our children on a daily basis. If I do not pick up my child I release the staff to share behavioral information to the approved individual on my pick up list.
- _____ Written notification of cancellation must be received (7) days prior to the start date of each session. Any notification made after the seven-day period but prior to the session start date will be honored in the following manner. Credit to the Rouse Center.

No refunds will be provided for: administrative processing (late) fees, non-refundable deposits and/or registration fees, requests received on or after the program start date. Parents will be held responsible for the weekly fee in full if written notification of cancellation is not received.

Parent/Guardian Signature: _____ Date: _____