

CAMPER INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Gender: _____
Home Address _____
City _____ Zip Code _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____

AUTHORIZED PICKUP INFORMATION

Person(s) authorized to pick up child/children (parents included)

HEALTH INFORMATION

Does your child suffer from a severe allergy? Yes No
If yes, please explain

Does your child have an IEP?
If yes, please explain -Include recommendations
for staff on how to best assist your child Yes No

Do you have any other medical or behavior issues we should know about
your child? Yes No
If yes, please explain

PARENT/GUARDIAN PERMISSION AND AUTHORIZATION

I, the undersigned adult, am the parent or legal guardian of _____
hereinafter referred to as "My Child".

I give permission for my child to participate in McLean Community Center Camps. I understand that my child's participation in camp activities, including park trips, is conditional upon the willingness of my child to abide by rules of conduct established by the camp, provider and the McLean Community Center. I agree that the participation of my child in any camp activities, park trips, may be terminated for failure to behave and act in accordance with such rules of conduct, for failure to follow the instructions and directions of camp personnel or for any acts deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the camp generally. I agree that if my child's participation is terminated, no refund of any fees paid for his/her participation shall be due.

I understand the nature of camp activities and the risks involved. I agree to indemnify, protect and hold harmless the McLean Community Center, and board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services, and the County of Fairfax and its Board of Supervisors, officers, employees, agents, and volunteers, from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of my child in any camp activities, including park trips.

ILLNESS POLICY

I understand I cannot send a child to camp who has been sick within the last 24 hours. Campers that are sick and arrive at camp with conditions such as a temperature of over 100 degrees, vomiting, diarrhea, pinkeye (conjunctivitis), or lice will not be able to stay at camp. The camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible but not more than one hour from the time of notification. A sick child will be made as comfortable as possible away from the other children until arrangements can be made to have the child taken home. I understand and have read everything in this document.

Print Name: _____

Signature: _____

Date: _____