



VIRGINIA BEACH FIELD HOUSE

Virginia Beach Field House
 Fredericksburg Field House

2157 Landstown Road, Virginia Beach, VA 23456
 3411 Shannon Park Drive, Fredericksburg, VA 22408

Phone #757-427-3955
 Phone #540-361-4717

Before School	After School	Middle School	Preschool	Kindergarten	Spring Break	Summer Camp	Teen Camp
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PARTICIPANT'S INFORMATION					
Participant's Name (First, MI, Last)		Nickname	Date of Birth	Age	M/F
Participant's Address		City, State, Zip Code			Home Telephone No.
Person(s) or Agency Having Legal Custody of Child	School Attending	Grade In	Grade Entering	Current Teacher's Name	
Previous Child Day Care Program/School(s) Attended (Include City and State)					

PARENT/GUARDIAN INFORMATION		
Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
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
Does your child have any identified special need(s) (developmental, physical, emotional or learning)? Y / N Please describe: Does the participant have a previous inclusion and special needs plan on record with the school system? Y / N	
Name of Participant's Physician	Physician's Telephone No.
Emergency Contact Person (Other Than Parent) 1.	
Address	City, State, Zip Code
	Telephone No.
Emergency Contact Person (Other Than Parent) 2.	
Address	City, State, Zip Code
	Telephone No.
Person(s) Authorized To Pick Up Participant:	
Person(s) Not Authorized To Pick Up Participant *:	

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

FOR OFFICE USE ONLY

Date Entered Program

Date Left Program

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 will provide adequate proof of identity and the participant's School Entrance Physical Exam and Immunization Record.
3. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
4. 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.
5. I, for myself and child, as a guest and/or participant with the Virginia Beach Field House 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 Virginia Beach Field House facilities and/or programs, therefore releasing from any and all liability or cause of action, the Virginia Beach Field House, its employees and volunteers.
6. I also give the Virginia Beach Field House and its staff permission:
 - To take my child swimming and wading,
 - To take my child on off center trips.
 - To record my child's likeness and/or voice for use by television, film, radio, or printed media to further the aims of the Virginia Beach Field House 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

IDENTITY VERIFICATION

Birth Certificate Number (Other Form of Proof)

Date of Birth

Date Issued

Place of Birth

Staff Initials

Date Viewed

Virginia Beach Field House Run N' Fun

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:

_____ I understand a \$30.00 Administrative Processing Fee will be charged to accounts for payments not made by the due date (7 days prior to the beginning of the camp week).

_____ 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 included with the next registration payment.

_____ The Virginia Beach Field House 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 Virginia Beach Field House requires all children to be signed in and/or out daily by a parent/guardian unless they are released directly from or go directly to another camp within the building. 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 Virginia Beach Field House 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. I may choose:

a. 50% refund of the total fee.

b. A transfer of 50% of the total fee to another available date and/or a Virginia Beach Field House program being offered.

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 Signature: _____ Date: _____

Participant Name(s): _____

MEDICATION LOG

Part A

Child's Name _____ Medication _____

Dosage _____ Time _____

Special Instructions _____

Adverse Reactions _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Staff Initials					
Adverse Reactions Errors					
Date					
Time					
Staff Initials					
Adverse Reactions Errors					
Date					
Time					
Staff Initials					
Adverse Reactions Errors					

Permission is given to Virginia Beach Field House Camp staff to store and supervise the self-administration of medication listed above!

Parent Signature/Date

Doctor's Signature

Sunscreen / Bug Spray

Part B

I give my permission for Back Woods Cutter bug spray, Coppertone Kids Spray 50 SPF sunscreen or one that I supply to be applied to my child under the direction of the Virginia Beach Field House Camp staff.

Parent Signature

Date