THE CITY OF NORFOLK
DEPARTMENT OF PARKS & RECREATION

PARKS & RECREATION
Registration Form

Participant Name: _____
Last Name | First Name | Middle | Nickname

Address: _____
Street | City/State/Zip

Gender: _____ **Date of Birth:** _____ **Age:** _____

T- Shirt Size: Y-Small (6-8) ☐ Y-Medium (10-12) ☐ Y-Large (14-16) ☐ Y-Extra Large ☐ A-Small (18-20) ☐ A-Medium ☐ A-Extra Large ☐ A- XX Large ☐

Guardian 1: _____
Last Name | First Name | Date of Birth | Gender

Address: _____
Street | City/State/Zip | Home Phone | Cell Phone

_____
Place of Employment | Business Phone | Email address

Guardian 2 : _____
Last Name | First Name | Date of Birth | Gender

Address: _____
Street | City/State/Zip | Home Phone | Cell Phone

_____
Place of Employment | Business Phone | Email address

Medical/Emergency Information:

_____
Known allergies (i.e. food, peanuts, seasonal etc.) | Medications | Desired Action

_____
Medical Conditions | Medications | Desired Action

_____
Participant's Physician Name | Physician's Phone Number

_____
Behavioral Conditions | Desired Action

Emergency Contact: _____
Last Name | First Name | Phone Number

_____
Last Name | First Name | Phone Number

_____
Authorized Pick-Up Persons/ ***Camp Wake-up/Willoughby & Before and After School Programs ONLY***

_____
Authorized Pick-Up Persons/ ***Camp Wake-up/Willoughby & Before and After School Programs ONLY***

_____
UNAUTHORIZED Pick-Up Persons
****Appropriate paperwork: divorce or custody papers shall be attached if a biological parent is not allowed to pick up the child.**

PLEASE READ AND SIGN AGREEMENT ON THE BACK OF THIS PAGE

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PROGRAM AGREEMENTS

1. I the parent/guardian(s) give authorization for my child to participate in field trips. ☐ YES ☐ NO

2. I the parent/guardian(s) authorize program staff to notify me whenever my child becomes ill; I will arrange to have my child picked up within an hour of notification. ☐ YES ☐ NO

3. I the parent/guardian(s) authorize staff to obtain immediate medical care if an emergency occurs. If there is an objection to seeking emergency medical care, a written statement giving the reason will be provided. ☐ YES ☐ NO

4. I verify that my child can change his/her own clothing and is able to use restroom facilities completely without assistance. ☐ YES ☐ NO

5. I understand that it is my responsibility to provide my child nutritional snacks everyday that are to remain in a personal lunchbox or bookbag. No microwave or refrigeration is available. ☐ YES ☐ NO

6. I verify that I have received a copy of the Parent Handbook. ☐ YES ☐ NO

7. I agree to the refund policy outlined in the Parent Handbook. ☐ YES ☐ NO

8. I understand that failure to comply with policies and procedures will result in suspension or expulsion from the program. ☐ YES ☐ NO

9. I give permission for my child to apply sunscreen to his/her body. Staff will oversee my child's application. I understand that the sunscreen container must have my child's name on it and must be in the original container. The sunscreen will be kept out of reach of children in the center and on field trips. ☐ YES ☐ NO

10. If special accommodations are needed I understand that I am required to fill out the Accommodations Form. (Please See Attached) ☐ YES ☐ NO

Agreements in **bold** apply to Camp Wake Up/ Willoughby, Before & After School Programs only.

11. **I agree to sign my child in and out of the program every day.** YES ☐ NO ☐

12. **I understand that the program ends at 6:00 PM. A late fee of $5.00 per family for every 5 minutes after 6:00 PM will be charged. See Parent Handbook for details.** ☐ YES ☐ NO

I affirm all information provided is complete and accurate. I understand that falsification or intentional omission of information is grounds for expulsion from the program.

_____
Parent/Guardian Signature Date

_____
Program Administrator Signature Date

THE CITY OF NORFOLK
DEPARTMENT OF PARKS & RECREATION

Parks and Recreation
Self-Administered Medication/Asthma Inhalers Release Form

Participant Name: _____
Last Name **First Name** **Middle** **Nickname**

Medication: _____
Name **Dosage** **Frequency**

Side Effects: _____

This procedure is for asthma inhalers only. Participants may not bring any other medications to the program. No other medications will be accepted for storage. Self-administration of any other medication is prohibited.

1. **This fully completed form (including physician's signature) must be on file with Norfolk Parks and Recreation before inhaler medication will be accepted and store for participant administration.**
2. **Containers must be labeled with participant name and date.**
3. **Parent/guardian will provide medication to staff on duty.**
4. **All medication will be kept locked until needed by participant and returned to locked box after use.**
5. **Staff will observe the self-administration and document the use on a medication log.**
6. **Any side effects will be reported to parent/guardian immediately.**

AGREEMENTS

Parent/guardian signature below indicates agreement with the following:

1. **I have received a copy of the City of Norfolk's Department of Parks and Recreation's Self-Administered Asthma Medication Policy; I have read and understand it and I agree to adhere to all its requirements.**

2. **I am the parent or guardian of the above named child and I have the authority to speak for and bind any other parent or guardian of the above named child so as to approve the child's self-administration of his/her asthma medication.**

3. **I agree to adhere to the procedures stated above and request that this child be permitted to self-administer the medication listed above.**

4. **I affirm that this child has been instructed in and understands the appropriate method and frequency of use of this medication and that this child will self-administer it with the approval of his/her physician as indicated by the physician's signature below.**

5. **I further indicate by my signature below that I waive and release on my own behalf, on behalf of all other parents or guardians of this child and on this child's behalf, the City, its officers, employees, agents and volunteers from any and all liabilities, damages, actions, and causes of action, including those sounding in tort or contract and regardless of whether for property damage, personal injury or death, in connection with the administration of this policy, the storage of this child's asthma medication and this child's self-administration of his/her asthma medication. Furthermore, I agree to hold harmless the City, its officers, employees, agents and volunteers from any and all liabilities, damages, actions and causes of action, including but not limited to those sounding in tort or contract and regardless of whether for property damage, personal injury or death and also including any that might accrue to or be filed by or on behalf of this child or his/her other parent or**

guardian(s), in connection with the administration of this policy, the storage of this child's asthma medication and this child's self-administration of his/her asthma medication.

6. **I further affirm that I have provided the participant's physician with a copy of the City's policy as given above.**

_____

Parent/Guardian Name (please print) Date

Licensed/Authorized Presriber:

I affirm that I have received a copy of the City's policy regarding the self-administration of medication. In my opinion the above named child is capable of self-administering this asthma medication.

_____

Physician's Name (please print) Date

_____

Physician's Signature Date

Note: This release is valid for one year from the date of physician's signature.

THE CITY OF NORFOLK
DEPARTMENT OF PARKS & RECREATION

Parks and Recreation
Inclusion, Accommodation & Special Needs Request

Norfolk Parks and Recreation offers reasonable accommodations to enable an individual's successful participation in our programs. To access this service, please complete this form and submit it with the program registration form. You will be contact by a certified therapeutic recreation specialist for an evaluation that must be completed before participant may enter program.

Participant Name: _____
Last Name **First Name** **Middle** **Nickname**

Gender: _____ **Birthday:** _____ **Age:** _____

Parent/Guardian: _____
Last Name **First Name**

_____
Home Phone **Work Phone** **Cell Phone**

Program Location: _____

Program Start Date: _____

Special Needs/Accommodations:

Attention Deficit/Hyperactivity: _____

Autism Spectrum: _____

Behavioral/Emotional: _____

Deaf/Hard of Hearing: _____

Developmental Disability: _____

Low Vision/Legally Blind: _____

Uses Mobility Guide: _____

Other (please elaborate): _____

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THE CITY OF NORFOLK
DEPARTMENT OF PARKS & RECREATION

AGREEMENTS

Parent/guardian signature below indicates agreement with the following:

1. **I understand that this service is not designed for therapeutic or one-on-one care. I understand that the Certified Therapeutic Recreation Specialist does not dictate the structure of the program and should I have concerns about the structure of the program I should contact the program supervisor.**

2. **I understand that it is my responsibility to provide the Certified Therapeutic Recreation Specialist with the most current information on my child/dependent and his/her abilities to assist in making accommodations to meet his/her needs.**

3. **I understand that it is my responsibility to let the Certified Therapeutic Recreation Specialist know if there are any changes to the information I have provided on my child/dependent as soon as change occurs**

_____

Parent/Guardian Name (please print) Date

_____

Parent/Guardian Signature Date

_____

Certified therapeutic Recreation Specialist Signature Date

_____

Received by Therapeutic Recreation Specialist Date