Parks, Recreation and Tourism

Chesapeake
VIRGINIA

TEEN SCENE

Youth Program Registration Form

ADDITIONAL INFORMATION: List any allergies and/or medical conditions known to be had by the child listed.

Known allergy: _____   Reaction Exhibited: _____

Known allergy: _____   Reaction Exhibited: _____

Medical Condition (s): _____   Medications: _____

Other critical and pertinent information which will help staff better accommodate and understand the child listed:

_____

_____

_____

REFUND POLICY

Full refunds (not including processing fee) are available if refund request are received a minimum of 30 days prior to the start date of the program.   If a refund request is received at least 10 days prior to the start date of the program, a 50% refund (not including processing fee) will be granted. Refund requests made less than 10 days prior to the start of a program will not be granted. No credit or refunds for daily absences, holidays or inclement weather, illness or vacation.

Signature of Parent/Guardian: _____   Date Signed: _____

Signature of Parent/Guardian: _____   Date Signed: _____

RISK ACKNOWLEDGEMENT / HOLD HARMLESS CLAUSE

I acknowledge I have received the Teen Scene parent information and understand that I am responsible for the information it contains.   I understand that only full payment of Teen Scene weekly fee ensures my child's placement in the program. I understand that all individuals listed as an authorized pick-up or emergency contact must have photo identification at pick up.

Signature acknowledges understanding and acceptance of the following: <u>**WAIVER FOR PARTICIPATION:**</u> in consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors, and assigns, now and forever, release, indemnify, save, defend, and hold harmless the City of Chesapeake, its departments, official, employees, and representatives from and against all claims including, but not limited to claims for personal injuries, death, fees, losses and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or un by the City of Chesapeake. <u>**CONSENT TO USE PHOTOGRAPHS**</u>: Stating further, I authorize the City of Chesapeake and its departments to take photographs, audio and video recordings of me and/or my child at any City facility, park or program for publications used in promoting City programs.

Signature of Parent/Guardian: _____   Date Signed: _____

Signature of Parent/Guardian: _____   Date Signed: _____