



**Youth Program
Registration Form**

2020 Youth Program Registration Form

Week of: 6/15-6/19 6/22-6/26 6/29-7/2 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31 8/3-8/7 8/10-8/14

PARTICIPANT INFORMATION: Must be 6 years of age and completed kindergarten at the time of application.

Child's Name: _____ Nickname: _____

Address: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

E-mail: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

E-mail: _____

EMERGENCY CONTACT: List two people who **DO NOT** live at the same address or have the same phone number as a parent/guardian above. Individuals indicated as an emergency contact are also denoted as an authorized pick-up of the above child.

	Name	Relation	Contact Numbers
1.			
2.			
3.			

AUTHORIZED PICK-UP: List all individual **NOT** listed as an parent/guardian who are authorized to pick up the child listed.

	Name	Relation	Contact Number
1.			
2.			
3.			
4.			
5.			

UNAUTHORIZED PICK-UP INFORMATION: Legal documentation must be attached if a parent is listed.

Name: _____ Relation: _____

Name: _____ Relation: _____

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 Summer Blast parent information and understand that I am responsible for the information it contains. I understand that only full payment of Summer Blast weekly fees 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: **WAIVER FOR PARTICIPATION:** 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. **CONSENT TO USE PHOTOGRAPHS:** 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: _____