

# 2022 Summer Blast Registration Form

**COMPLETE FORM, BRING TO COMMUNITY CENTER TO REGISTER BEGINNING MAY 4, 2022 AT 9:00 A.M.**

**Please circle the weeks your child will attend:**

**6/21-6/24    6/27-7/1    7/5-7/8    7/11-7/15    7/18-7/22    7/25-7/29    8/1-8/5    8/8-8/12**

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.			
4.			

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

	Name	Relation	Contact Numbers
1.			
2.			
3.			
4.			

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**T-shirt size: (please circle one)**

**Child Small    Child Medium    Child Large    Adult Small    Adult Medium    Adult Large**

**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:

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**REFUND POLICY**

**Initials:** \_\_\_\_ / \_\_\_\_

Full refunds (not including processing fee) are available if refund requests 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.

1. All refunds will be processed in accordance with City and department policy and are subject to Director approval.
2. Refunds will automatically be processed back in the form of the original payment—credit/debit card or check. If the original payment was in cash, the refund will be processed as a check.
3. **Refund to Credit/Debit Card:** I understand that a **processing fee may apply** and will be deducted from the refund. **The refund will be credited to the card used for the original purchase.** Allow two (2) weeks for processing. If for any reason Parks, Recreation and Tourism cannot refund back to the original card, a refund check will be issued to the person listed as the payor on the original receipt.
4. **Refund Check:** I understand that a **processing fee may apply** and will be deducted from the refund. The check will be issued to the person listed as the payor on the original receipt. Allow four (4) to six (6) weeks for processing. The check will be mailed to the address listed for the payor on the original receipt unless Parks, Recreation and Tourism has been notified of an address change prior to the completion of the rental or at the time of a cancellation.

**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 run 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 use in promoting City programs.

Signature of Parent/Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_