

City of Manassas Park  
Parks & Recreation Department  
MP3 Registration Form  
School Year 2018-2019

Allergies

Child's Name:  Sex:  Age:

Home Phone:  Date of Birth:  Current Grade:

Home Address:

Previous Daycare/ Schools Attended:

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

**Parents/Guardians**

Parent/Guardian Name:  Place Employed:

Home Phone:  Business Phone:  Cell Phone:

Home Address:  Email Address:

Parent/Guardian Name:  Place Employed:

Home Phone:  Business Phone:  Cell Phone:

Home Address:  Email Address:

**Emergency Information**

Allergies or Intolerance to Food, Medication, Etc., and Action to Take in an Emergency:

Child's Physician:  Business Phone:

**Two People To Contact if Parent(s)/Guardian(s) Cannot be Reached:**

**Note:** These must be local contacts and it must be someone other than the parent(s) or guardian (s).

Emergency Contact #1 Name:  Address:

Home Phone:  Business Phone:  Cell Phone:

Emergency Contact #2 Name:  Address:

Home Phone:  Business Phone:  Cell Phone:

Person(s) Authorized To Pick Up Child:

Person(s) **NOT** Authorized To Pick Up Child\*:

\* Appropriate paperwork such as custody papers shall be attached if parent is not allowed to pick up child.

\*Note: Secion 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care enter must be included, upon the request of such noncustodial parent, as an emergency contact for events occuring during school day or day care activities. 032-05-252/11 (06/05)

Child's Name:

City of Manassas Park  
Parks & Recreation Department  
MP3 Registration Form Continued  
**School Year 2018-2019**

**Agreements**

1. The Teen Center agrees to notify the parent(s)/guardian(s) whenever the teen becomes ill and the parent(s)/guardian(s) will arrange to have the teen picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the Teen Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her teen or any member of the the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.

**Signatures**

Parent/Guardian:

Date:

**Authorization for MP3 Teen to Sign-Out on the Daily Attendance Form**

I, due hereby authorize, my teen, to sign themselves out of the MP3 program on the daily attendance form and thereby release the Manassas Park Parks and Recreation from responsibility of supervision for my teen at that time.

In consideration of my (parent legal guardian or legal custodian signing for participant) giving the authority to my teen to sign the daily attendance form, I hereby release, indemnify and hold harmless the City of Manassas Park, its employees, agents, operators and instructors from any and all claims, demands, costs, charges and expenses from harm, injury, damage or loss which may be sustained by my teen as a result of my decision .

I have executed this liability release through my own free act by signing on this date.

Parent/Guardian:

Date:

Child's Name:

**City of Manassas Park**  
Parks & Recreation Department  
MP3 Registration Form Continued  
**School Year 2018-2019**

**Other information**

My Teen's swimming ability:     Non- Swimmer                       Intermediate Swimmer                       Swimmer

**Definitions: Non-Swimmer - cannot swim in water above the shoulders; Intermediate-can swim in the entire pool except for diving area/deep end; Swimmer - can access entire pool.**

- |                                   |  |                       |  |
|-----------------------------------|--|-----------------------|--|
| Allergies                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any unusual fears     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medications                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Easily upset          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seizures                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physically Aggressive | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dietary Restrictions              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Withdrawn/shy         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical limitations/restrictions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hyperactive           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chronic conditions/illnesses      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain any "Yes" answers:

**Agreements**

The undersigned is aware that there are certain risks involved in participating in the MP3 Program including but not limited to the risk of theft or damage to my property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the City and/or other activities and services provided by City of Manassas Park Department of Parks and Recreation, its agents and employees, including food service. I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby covenant to hold harmless and indemnify the City and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Summer Camp Program. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on field trips during this program. I understand that I will be informed in advanced of any field trips. The camp agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parents/guardian authorizes the Teen Center to obtain immediate medical care if and emergency occurs when he/she cannot be reached immediately. If my child passes an intermediate or advanced swimming competency test administered by the pool staff, then he/she had my permission to swim in the deep end and the shallow end of the pool.

Parent/Guardian:                       Date:

I hereby give my permission without restriction to City of Manassas Park and its assignees to photograph or videotape my teen during participation in any City of Manassas Park Programs. I specifically waive any rights to compensation with respect to my teen's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for City programs.

Parent/Guardian:                       Date:

**Office Use Only**

Amount Paid:                       Date:                       Staff Signature: