



Cecil F. Gilkerson
 Community
 Activities Center
 305 S. Dogwood
 Drive
 Harrisonburg, VA
 22801
 540-433-2474

Please check any week you might need!			
✓		✓	
Weeks attending		Weeks attending	
June 17th - June 21st (Closed June 19th)		July 22th - July 26th	
June 24th - June 28th		July 29th - August 2nd	
July 1st - July 3rd (Closed July 4th & July 5th)		August 5th - August 9th	
July 8th - July 12th		August 12th - August 16th	
July 15th - July 19th			
Payment Must Be Received For Each Week To Secure Your Spot			

Child Registration Information

Child's Name:		
School:	Grade - Current 2023 - 2024:	Birthdate (MM/DD/YY):
Home Address:		

First Parent / Guardian:		
Home Address (if different from child):		
Home Phone:	Cell Phone:	Email:
Employer:	Work Phone:	
Second Parent / Guardian:		
Home Address (if different from child):		
Home Phone:	Cell Phone:	Email:
Employer:	Work Phone:	

Emergency Information

Allergies or intolerance to food, medication, etc., and action to take upon and allergic reaction:
Chronic physical problems and pertinent developmental information:

Emergency Contacts

First Contact Name: NOT PARENT	Second Contact Name: NOT PARENT
Relationship to Child:	Relationship to Child:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:
Person(s) authorized to pick up child <u>in addition to parents</u> :	Person(s) <u>NOT</u> authorized to pick up child:

Agreements

1. The parent/guardian gives authorization for the child to participate in the Center's transportation and field trips. Please initial: YES NO
2. The Center 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.
3. The parent/guardian authorizes the Center to obtain immediate medical care if any emergency occurs when he or she cannot be located immediately.
4. Parents/Guardian must inform the Center within 24 hours if their child or any member of the immediate household develops a communicable disease, except for life threatening diseases which must be reported immediately.
5. Authorization is given for the administration of sunscreen. For children age 8 and under, staff will assist with the administration of sunscreen.
6. The parent/guardian has received and understands the regulations contained in the **PARENT MANUAL**.
7. I understand that the information on this registration form will be used to provide information to the Harrisonburg Parks and Recreation Department and will be kept confidential. It may not be shared without my permission, unless an emergency occurs, or social services, police, or other governmental agencies make requests.
8. I hereby authorize the City of Harrisonburg to interview my child and/or use my child's likeness and name in materials to be used in public service announcements, public education initiatives and in the service of the public good. This authorization extends to all publications including print, digital, or any other format whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my child's interview, likeness and/or name in perpetuity.
Please initial: YES NO
9. I have read and understand the department's policy regarding cancellations and refunds for the S.O.A.R. program. Please initial:
10. Having read and understood the above information, I hereby enroll my child as a participant in the Harrisonburg Parks and Recreation Department programs and activities. I understand that as with any program there are inherent risks, and I release and hold harmless the City of Harrisonburg, and its officials, and the Department of Parks and Recreation from any liability which may be incurred during my child's participation and during the operation of these programs and activities.

Signatures

Parent or Guardian

Date

Center Staff

Date