

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



Child's Name:		Preferred Name:	
School:	Grade 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 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 ASA 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

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**Parent or Guardian**

**Date**

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Center Staff

Date