

SANDY BOTTOM NATURE PARK 2020 JUNIOR RANGER APPLICATION FORM

CHILD'S NAME _____

DATE OF BIRTH _____

PARENTS NAME(S) _____

ADDRESS _____

CITY/STATE/ZIP _____

CELL PHONE _____ WORK/HOME PHONE _____

(Please circle the best phone number to reach you in case of an emergency)

EMAIL _____

2020 SESSION DATE REQUESTED:

	1 st Choice	2 nd Choice
June 22 -26	<input type="checkbox"/>	<input type="checkbox"/>
July 13 - 17	<input type="checkbox"/>	<input type="checkbox"/>
July 27 - 31	<input type="checkbox"/>	<input type="checkbox"/>

HAS YOUR CHILD PARTICIPATED IN JUNIOR RANGERS BEFORE? YES NO

PARENT SIGNATURE _____ DATE _____

Fee for each child is \$50. We accept cash, Visa, Master Card, check and money order payable to the City of Hampton. If mailing application send to:

SANDY BOTTOM NATURE PARK, 1255 BIG BETHEL ROAD, HAMPTON VA 23666, (757) 825-4657

Application must be received 1 week prior to class

PARTICIPANT LIABILITY RELEASE FORM

I/We do hereby waive any and all liabilities that the City of Hampton, Virginia, its agents or representatives may incur as a result of any injury or other misfortune which may befall my/our child(ren) while engaged in the JUNIOR RANGER CAMP sponsored by the Hampton Parks, Recreation & Leisure Services Department. I/We agree to indemnify the City of Hampton, Virginia, its agents or representatives against any loss that may incur as a result of an injury while participating in the program named above.

I/We declare that to the best of my/our knowledge and belief, my/our child(ren) is/are in good health and physical condition to participate in the above program.

Name of Child(ren) Participating:

Signature

Relationship to Participant(s)

Date

.....

Person(s) AUTHORIZED / NOT AUTHORIZED TO PICK UP CHILD(REN):

Name: _____ Relationship _____ Yes No

Name: _____ Relationship _____ Yes No

Name: _____ Relationship _____ Yes No

Name: _____ Relationship _____ Yes No

Name: _____ Relationship _____ Yes No

Name: _____ Relationship _____ Yes No

HAMPTON PARKS, RECREATION, & LESUIRE SERVICES

PARENTAL CONSENT FOR TREATMENT FORM

This form must be completed and signed by either parent or legal guardian.

I/WE, THE UNDERSIGNED, DO HEREBY AUTHORIZE THAT CERTIFIED MEDICAL CENTERS/HOSPITALS ARE GIVEN THE AUTHORITY TO RENDER NECESSARY MEDICAL SERVICES TO MY/OUR CHILD(REN) WHICH RESULT, DIRECTLY OR INDIRECTLY, FROM HIS/HER PARTICIPATION IN TRIPS, PROGRAMS, EVENTS, OR ACTIVITIES SPONSORED BY THE CITY OF HAMPTON PARKS, RECREATION & LEISURE SERVICES DEPARTMENT AND I/WE, THE UNDERSIGNED, ALSO HEREBY AGREE TO BE RESPONSIBLE FOR SUCH CHARGES AS ARE MADE BY SUCH MEDICAL CENTER/HOSPITAL/DOCTOR, ETC., IN PROVIDING SUCH MEDICAL SERVICES AS ARE REFERRED TO ABOVE

A. Child's name _____

B. Child's age _____ DOB _____ Gender _____

C. Full address _____

D. Your relationship to child _____

E. Date of 1st tetanus booster _____

F. Is your child allergic to any medications? Yes No (If yes, please explain)
(Make him/her itch, break out in a rash, have trouble breathing? Yes No

G. Who is your child's regular physician?
Name _____ Phone # _____

H. Name & phone number of person who would most likely be able to contact you in case we are unable to: Name _____ Phone # _____

I. Does your child have a chronic illness? Yes No (If yes, please explain)

J. Does your child take any medication daily at home? Yes No (If yes, please list)

K. Does your child have any other relevant or severe allergies? (Bee stings, poison ivy, etc.)

L. This is to certify that I/We have hospitalization insurance with:
Company _____ Policy # _____

M. Do we have permission to give any medical treatment necessary to your child in case we are unable to contact you? Yes No

PLEASE LIST ANY EXCEPTIONS TO THE ABOVE PERMISSION:

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

I, _____ the undersigned represent that I am the parent or legal guardian of _____, a minor under the age of eighteen, and that I
(Please Print) (Please Print)
hereby grant to the City of Hampton, Virginia, its employees, officers, agents and representatives my permission to record his/her photographic image (by film and/or video), and comments (by tape and/or transcription), together with the right to use, publish, copyright and reproduce in whole or in part any such photographic images and/or comments as described above for use in promotional materials, whether the use of above materials be for public relations, recruitment, development, or any other legitimate purpose of the City of Hampton, Virginia.

I hereby waive any right that I or my son/daughter/the above referenced minor for whom I am legal guardian may have to inspect or approve any such photographic images and comments or completed products which incorporate all or part of any such photographic images and comments. I understand and agree that my written consent as acknowledged by my signature below complies with Section 8.01-40 of the Code of Virginia or any statutory amendment, reenactment or re-numbering thereof.

I hereby voluntarily release and hold harmless the City of Hampton, Virginia, its employees, officers, agents and representatives and all persons acting under their permission or authority from any and all liability arising out of or in any way related to the use of such photographic images and/or comments, including but not limited to any liability arising by virtue of any blurring, distortion, optical illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or be produced in the taking of the pictures or in any processing tending toward completion of the finished product.

Signature: _____ Name (printed): _____

Date: _____ Witness: _____