

Jump Into Summer!

Summer Program 2019

Registration Information (please print)

Forms must be filled out completely. No line may be left blank.

Please list N/A for a line that's non-applicable or doesn't apply to you.

Child's Name _____ Nickname _____ Gender _____
 Birthdate _____ Age _____ School _____ Grade level 2019-20 school year _____
 Address _____ Home Phone _____
 City _____ Zip _____ County _____ Parent's Email address _____
 Child's T-Shirt Size _____

Father's Name _____ Employed at _____ Work Phone _____
 Address (if different) _____ Home Phone _____ Cell Phone _____
 Mother's Name _____ Employed at _____ Work Phone _____
 Address (if different) _____ Home Phone _____ Cell Phone _____

Name of person(s) or agency having legal custody of child _____ Home Phone _____
 Address (if different) _____ Cell Phone _____ Work Phone _____

Name of two persons to contact if parent(s) cannot be reached: (must be local & within a 50 mile radius)
 (Must include house #, street name, city, state and zip code)

1. Name: _____ Phone: _____
 Address _____
2. Name: _____ Phone: _____
 Address _____

Persons authorized to pick up child _____

Persons NOT authorized to visit or pick up child _____

(Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child.)

Does your child have any diagnosed allergies? YES ___ NO ___ If yes, what? _____

Are any of them severe/life threatening? YES ___ NO ___

What actions need to be taken? _____

Does your child have an intolerance to medication, foods or any other substances? YES ___ NO ___

If yes, what? _____

What actions need to be taken? _____

Name of Child's Physician _____ Phone _____

Does your child have a chronic illness? YES ___ NO ___ If yes, what? _____

Please specify any other medical conditions, medications or disabilities: _____

Does your child need any modifications/assistance due to a disability to participate in the program? YES ___ NO ___

If yes, please list: _____

Turn Over



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Participant Waiver

Child's Name _____

Agreement I: I (parent or guardian) will agree to enforce the Jump Into Summer Program rules and procedures as to ensure the health and safety of my child and other children participating in the program. **initial** _____

Agreement II: In case of emergency, Bacon Street Youth and Family Services have my (parent or guardian) permission to take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well-being of my child. **initial** _____

Agreement III: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the Jump Into Summer Program and do hereby release Bacon Street Youth and Family Services, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child. **initial** _____

Agreement IV: I (parent or guardian) give permission for my child to attend any field trips while in the Jump Into Summer Program. **initial** _____

Agreement V: I (parent or guardian) give my child permission to participate in swimming activities conducted on the Jump Into Summer field trips. Please advise on child's swimming level: Beginner ____ Intermediate ____ Advanced ____
I (parent or guardian) authorize the use of sunscreen when needed. **initial** _____

Agreement VI: I (parent or guardian) agree to inform the Bacon Street Youth and Family Services Jump Into Summer Program within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases that must be reported immediately. **initial** _____

Agreement VII: I (parent or guardian) agree to allow photographic images or video of myself and or my children to be taken in the Jump Into Summer Program and be used for promotional purposes by Bacon Street Youth and Family Services. **initial** _____

Parent or Guardian Name (Print) _____ Date _____

Parent or Guardian Signature _____ Date _____

Please turn in **completed applications** to your *neighborhood representative* or *Bacon Street Youth and Family Services* (247 McLaws Circle, Williamsburg, VA 23185) Monday-Friday, 9-5 p.m. **Space is limited**; applications will be accepted on a first come, first served basis. Completed applications must be received by **June 20**.

For questions and/or further details, please contact Bacon Street Youth and Family Services at 757-253-0111 or via email at kacree@baconstreet.org