



This form allows you to sign up for specific weeks in the Sports Camp Weekly Sign Up Book at the front desk. DO NOT write specific weeks on this form.

Sports Camp

Office use
Only

CSD:

CED:

2019 REGISTRATION FORM

- ALL CAMPERS must complete a new registration form and rock wall waiver each summer.
 - NEW CAMPERS must turn in identity verification (birth certificate or report card—see back)
 - ALL CAMPERS ATTENDING MUST TURN IN A PHYSICAL AND SHOT RECORD SIGNED BY DOCTOR (COPIES ACCEPTABLE)
- NO REFUNDS CAN BE GIVEN FOR SPORTS CAMP

**EVERY SINGLE LINE IN THIS BOX
MUST BE COMPLETED TO ATTEND.**

CAMPER'S NAME _____

SEX: Male/Female AGE _____ PLACE OF BIRTH (city, state) _____ BIRTH DATE: _____

CAMPER'S SWIM ABILITY (CIRCLE) NON-SWIMMER BEGINNER INTERMEDIATE ADVANCED

MOTHER'S NAME* _____ FATHER'S NAME* _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE # _____

PLACE OF EMPLOYMENT _____

WORK PHONE # _____

EMAIL: _____

*OR GUARDIAN

PLEASE LIST TWO PEOPLE TO NOTIFY IF PARENTS CANNOT BE CONTACTED:

NAME _____

ADDRESS _____

CITY _____

HOME PHONE # _____

PLEASE LIST NAMES OF INDIVIDUALS OTHER THAN PARENTS AUTHORIZED TO PICK YOUR CHILD UP:

NAME _____ PHONE # _____

NAME _____ PHONE # _____

MEDICAL HISTORY:

ANY CONDITIONS OR ALLERGIES WHICH MAY LIMIT PARTICIPATION?

NO _____ YES _____ DESCRIBE IF YES _____

PHYSICIAN'S NAME/PHONE# _____

PLEASE LIST ANY PROGRAMS CAMPER WILL BE CONCURRENTLY ATTENDING:

1. _____
2. _____

Returning Campers: check here and skip the section in the following ID verification box.
(All ID verifications from returning campers are on file from last year.) _____

Parental Agreements

HEALTH AND MEDICAL TREATMENT POLICY

ID Verification for NEW CAMPERS ONLY

One of the following seven documents below must be presented on the first day of camp. (Documents will be returned.) Please circle the method of ID verification you will bring. Then, fill in the date the document was issued and the document number.

Type of ID: (circle one)	Birth certificate Passport	Child placement agreement Birth registration card	Report card (or other record from a public school in VA) Certification by principal
Date document issued:	_____	Document Number:	_____

FOR CAMP DIRECTOR USE ONLY:

Date of verification by Director _____ Camp Director Signature: _____

HEALTH POLICY

Children who are sick (over 100 temperature, vomiting, diarrhea, or signs of a communicable disease) are not allowed to come to camp. Children who display these symptoms will need to be picked up. Parents will notify BRSC Sports Camp if their child or any household member has come into contact with a communicable disease. BRSC staff will only administer emergency medications. Parents are responsible to administer ALL other medications to their child. Suspected child abuse will be reported for the safety of your child.

DISCIPLINE POLICY

BRSC attempts to avoid discipline problems by giving campers fun and interesting activities. Occasionally, campers can become disruptive, making the activity difficult for other members of the camp to participate. When disruptive behavior occurs, counselors will follow a series of steps designed by the camp director: counselor will remind the child of the behavior that is expected; counselor will restate the desired behavior and then remove the child from the activity for a short amount of time to let the child regain control of their behavior (this may include getting a drink of water, sitting out, or taking a time out in the lobby); camp director will remove the child from the activity; camper and director will discuss why the child is having difficulty and attempt to solve the problem; camp director will call parents to pick up child. IF YOUR CHILD IS REMOVED FROM CAMP FOR DISCIPLINARY REASONS, NO REFUND WILL BE GIVEN.

RELEASE POLICY

Children will be released only to parents or individuals listed on the registration form. Parents can add names to this list. Custodial parents have the right to enter center.

POOL SAFETY POLICY

I grant permission for my child to swim. Campers may not enter the pool without an instructor present. No diving, running, pushing, or shoving. Campers may not leave pool area without the instructor's permission. Campers must listen and follow instructions.

LIABILITY RELEASE

I grant permission of full athletic participation in the summer camp, including permission to swim. In the event of injury, I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I understand that neither Burke Racquet and Swim Club, nor anyone connected with BRSC will assume any responsibility for accidents of sickness incurred by my child while at BRSC.

ADMINISTRATIVE POLICY

- **I UNDERSTAND NO MAKE-UP DAYS OR REFUNDS ARE GIVEN AND I UNDERSTAND A \$15 FEE IS ASSESSED FOR CHANGING WEEKS LESS THAN ONE WEEK PRIOR TO THE DATE OF CAMP.**
- **I UNDERSTAND ACTIVATES SCHEDULE IS SUBJECT TO CHANGE WITHOUT NOTICE.**
- **I AGREE TO ASSUME SOLE RESPONSIBILITY FOR PAYMENT OF ANY AND ALL MEDICAL, DENTAL OR OTHER EXPENSES INCURRED AS A RESULT OF SUCH SICKNESS OR INJURY AND I FULLY COMPREHEND THE INHERENT DANGER IN SPORTING ACTIVITIES. I UNDERSTAND THAT BR&SC RESERVES THE RIGHT TO REMOVE ANY CHILD FROM CAMP FOR ANY REASON.**
- **IN ADDITION TO THIS FORM, I AGREE TO PROVIDE IDENTIFY VERIFICATION ABOVE, SIGNED ROCK WALL WAIVER BELOW, and PHYSICAL and SHOT RECORD .**

ARRIVAL AND DEPARTURE POLICY

- I UNDERSTAND THAT I MUST WALK MY CHILD TO THE SPORTS CAMP DESK IN THE LOBBY AND CHECK MY CHILD IN WITH THE DIRECTOR BEFORE LEAVING EACH MORNING. **NO CAMPERS, REGARDLESS OF MEMBERSHIP STATUS, MAY ARRIVE MORE THAN 10 MINUTES PRIOR TO CAMP START WITHOUT DIRECTOR PERMISSION.**
- WHEN YOU RETURN AT THE END OF THE DAY (11:30 A.M. FOR AM/3 P.M. FOR PM HALF DAY AND FULL DAY), PLEASE PULL YOUR CAR INTO THE CIRCLE IN FRONT OF THE CLUB. WE WILL WALK YOUR CHILD OR CHILDREN OUT TO YOUR CAR.
- I UNDERSTAND THAT CAMPERS REMAINING MORE THAN 10 MINUTES AFTER DISMISSAL WILL BE PLACED IN EXTENDED CARE AND CHARGED \$8/HOUR. **ALL AFTERNOON AND FULL DAY CAMPERS MUST BE PICKED UP BY 6 PM OR A FINE OF \$5 PER/MINUTE WILL BE ASSESSED.**

CONSENT FOR ROCK CLIMBING

I certify that I am volunteering to participate in the sport climbing gym of Burke Racquet and Swim Club, (BR&SC). I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the activity. I am not under the influence of drugs or alcohol, which could impair my ability to climb safely. I acknowledge and agree that sport climbing and the use of Burke Racquet and Swim Club climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the climbing wall:

- *Injuries from climbing and belaying can result in paralysis or death
- *No safety equipment can guarantee risk free climbing
- *Safety equipment is not failure proof; the possible failure of safety equipment is an inherent risk of climbing or belaying

In consideration of my participation in sport climbing, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Burke Racquet and Swim Club (or its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of my participation.

Parental Consent: (To be completed and signed by parent/guardian if the applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the activity of sport climbing. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child.

LICENSING INFORMATION FOR PARENTS ABOUT CHILD DAY PROGRAMS

The Commonwealth of Virginia helps assure parents that child day program that assume responsibility for the supervision, protection, and wellbeing of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day center, family day homes, child day center systems, and family day systems. The state may also voluntarily register family day homes not required to be licensed.

Standards of licensed child day centers address certain health precautions, adequate play space, a ratio of children per staff member, equipment, program, and record keeping. Criminal record checks and specific qualification for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health, and building codes. Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program, which will be investigated if it violates a standard.

Three types of licenses may be issued to programs. Conditional license may be issued to a new program to allow up to six months for the program to demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licensure. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operating without t license when required constitutes a misdemeanor, which, upon conviction, can be punishable by a fine of up to \$100 or imprisonment of up to 12 months of both for each day's violation.

If you would like addition information about the licensing of child day program or would like to register a complaint, please contact the Regional office of Social Services closet to you.

Fairfax Licensing Office
 3959 Pender Drive, Suite 320
 Fairfax, VA 22030
 703-934-1505

I HEREBY VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I HAVE READ AND UNDERSTAND ALL THREE PAGES OF THIS CONSENT FORM, AND THAT I AGREE TO ALL ITS POLICIES IN ADDITION TO THOSE PRESENTED IN CAMP BROCHURE AND POSTED AT CAMP CHECK-IN TABLE.

Parent Signature (required to process registrations): _____

Printed name: _____

Date: _____