



# SUMMER RECREATION CAMP

## Registration Form 2024

**Online Registration**  
[www.albemarle.org/parks](http://www.albemarle.org/parks) Or mail:  
 Albemarle County Parks & Recreation  
 401 McIntire Road  
 Charlottesville, VA 22902  
 Checks payable: Albemarle County

**\*You may register all children in family on one form. Camp for ages 6-13.  
 Child must turn six by November 30, 2024. (No Exceptions, this is a daycare license requirement)**

Participant Name(s)	Date of Birth	Age of Child(ren)

### Site (Camp) Location:

Parent's Names/Guardians		Email		
Address		City	State	Zip Code
Home Phone	Work Phone	Mobile Phone		

Doctor:	Phone #:	Insurance Co:
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Specify any allergies or disabling conditions that we should know:

Due to custody reasons, is there anyone who does not have your permission to pick up your child(ren)?

### Summer Recreation Camp Responsibilities

- Children may not be dropped off before the program time begins and must be picked-up at the program ending time.
- Transportation is the parent's responsibility to and from the program site.
- Parents may be asked to assist the leaders in certain disciplinary situations.
- Parents must realize that the Recreation Leaders have the authority to suspend any individuals from the program if this action is determined to be in the best interest of the overall program.
- Children need to bring lunch, snacks, and drinks each day.
- Staff cannot administer or store any medication.
- Children enrolled must be able to handle their own toileting, dressing, and eating.
- Persons needing special assistance should call the Parks & Rec. Dept. at 296-5844. Reasonable accommodations will be made with 2 weeks' notice.

### Liability Release: Albemarle County Parks and Recreation

I hereby give my child(ren) permission to be transported on all field trips. The parent/guardian authorizes the Camp to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. I, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may accrue or my child(ren) may accrue against Albemarle County, its officers, agents or assigns for any and all injuries suffered by me, my child(ren) at this event or while traveling to or from this event. I give Albemarle County permission to photograph or videotape the above named participant while participating in the recreation program. These pictures may be used on Albemarle County's website, within other materials publicizing the recreation programs, or on television or in the newspaper. "Albemarle County does not discriminate on the basis of race, creed, sex, national origin, age, military service or disability. Reasonable accommodations will be provided to persons with disabilities, if requested"

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Recreation Leader Signature: \_\_\_\_\_ Date \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Receipt#: \_\_\_\_\_