



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

✓	Weeks attending	✓	Weeks attending
	June 19th - June 23rd ( Closed 6/19)		July 24th - July 28th
	June 26th - June 30th		July 31st - August 4th
	July 3rd - July 7th (Closed 7/3* & 7/4)		August 7th - August 11th
	July 10th - July 14th		August 14th - August 18th
	July 17th - July 21st		
Payment Must Be Received For Each Week To Secure Your Spot July 3rd is subject to change			

## Child Registration Information

Child's Name:		
School:	Grade - Current 2022 - 2023:	Birthdate (MM/DD/YY):
Home Address:		
<b>First Parent / Guardian:</b>		
Home Address (if different from child):		
Home Phone:	Cell Phone:	Email:
Employer:	Work Phone:	
<b>Second Parent / Guardian:</b>		
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

<b>First Contact Name:</b> NOT PARENT	<b>Second Contact Name:</b> NOT PARENT
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Primary Phone:</b>	<b>Primary Phone:</b>
<b>Secondary Phone:</b>	<b>Secondary Phone:</b>
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/Guardian 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 S.O.A.R. 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