

Participant Information Form

basicREC/CAMP basicREC

Updated 12/9/2016

Child's Name	Birthdate
Child's Address	Child's Home Phone

Parent/Guardian Information

(Custody Papers must be attached if a parent is not allowed to pick up the child)

First Parent/Guardian Name	Relationship to Child
Address is different from Child	Home Phone Number Email
Work Name & Address	Work Number Cell Number
Second Parent/Guardian	Relationship to Child
Address if Different From Child	Home Phone Email
Work Name & Address	Work Phone Cell Phone

Emergency Contact Information/Two People to contact if parent(s) cannot be reached.

First Emergency Contact Name	Home Phone Number Cell Number Work Number
Second Emergency Contact Name	Home Phone Number Cell Number Work Number

List those authorized to pick up
Special needs, accommodations, allergies or food intolerances

I hereby give permission to Frederick County personnel to provide basic First Aid and seek emergency medical treatment for my child. I authorize emergency personnel to treat my child in the case of an emergency and transport them to the most appropriately deemed hospital when needed.

Parent/Guardian Signature: _____ Date: _____

Staff Use: AM basicREC PM basicREC CAMP basicREC Site: _____



FREDERICK COUNTY PARKS & RECREATION

Frederick County Parks and Recreation

107 North Kent Street

Winchester, VA 22601

P 540-665-5678

F 540-665-9687

INSTALLMENT BILLING AUTHORIZATION

PAYER NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYER EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____

Name of Child(ren): _____

Program Name and Location: _____

Select one: \$_____ AM \$_____ PM \$_____ AM/PM \$_____ Camp basicRec

Select one: _____ Visa _____ MasterCard _____ Discover _____ ACH
(attach voided check)

Last 4 digits of CC#: _____ Expiration Date (month/year): _____

Authorization

I authorize the County of Frederick or its agents, to charge my account in the amount of \$_____ per week on the 1st business day of each week. In the event that a payment has been returned due to non-sufficient funds or a credit card has been declined, the Primary Guardian will be notified. The Primary Guardian will be the only account which will receive a record of payments. I understand that this form will expire at the end of the program.

This authority will remain in effect until I notify the County in writing to cancel the Authorization. Please allow five (5) business days for changes.

I understand I am responsible for all charges associated with this enrollment.

This form cannot be processed without your signature.

Signature _____ Date _____