

Virginia Aquarium & Marine Science Center  
**2011 SUMMER DAY CAMPS**  
**REGISTRATION FORM**

Please bring this completed form to on-site registration on April 12.  
Registrations will not be accepted by mail or by phone until April 13, 2011.

Mail completed form with payment to: Virginia Aquarium & Marine Science Center  
ATTN: Education Department  
717 General Booth Blvd.  
Virginia Beach, Virginia 23451

.....  
Parent/GuardianName: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CellPhone: \_\_\_\_\_ MemberNumber: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please e-mail me itinerary and Virginia Aquarium information.

| Participant's Name | Birth date | Camp Title | Camp Date | Fee |
|--------------------|------------|------------|-----------|-----|
|--------------------|------------|------------|-----------|-----|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TOTAL: \$ \_\_\_\_\_ Payment:  Check  Cash  Card

Make checks payable to: Virginia Aquarium & Marine Science Center

Please charge my credit card:  Visa  Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

VCode: \_\_\_\_\_ ExpirationDate: \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellations must be made two weeks in advance of program for full refund. The Aquarium will notify you if a camp is filled or cancelled. For more information contact the Education Department at (757) 385-0278.**

**EMERGENCY PHONE NUMBER FORM**

**Camper's Name:** \_\_\_\_\_

**1. Parent/Guardian's Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Cellular/Pager:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**2. Parent/Guardian's Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Cellular/Pager:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**3. In case we cannot reach you, is there someone else we can contact?**

**Name/relationship (friend, grandparent, etc.):** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Cellular/Pager:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

## PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION

Whenever Possible, it is desirable for medication to be scheduled at times other than camp hours for the safety of the camper. Administration of medication during camp hours is discouraged. However, individual needs will be taken into consideration.

Our regulations include:

1. Written orders using this form from a physician detailing the name of the drug, dosage, and time interval medication is to be taken.
2. Using this form, signature of parent or guardian requesting camp counselors to comply with the physician's order.
3. Medication must be brought to camp by parent or guardian in a container, appropriately labeled by the pharmacy or physician. Unopened over-the-counter medications can be labeled by the camp counselor if all other criteria for administration of the medication has been satisfied.
4. Exact duration for administration of medication must be stated. Date of termination for the medication must be specified.

Please fill in and sign this form:

Name of Camper: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Specific Duration of Order: \_\_\_\_\_

\_\_\_\_\_  
Physician's / Dentist's Signature

I request that the Virginia Aquarium give the above medications as ordered by the physician.

\_\_\_\_\_  
Parent or Guardian's Signature

## PARTICIPANT AGREEMENT, INDEMNIFICATION, AND ACKNOWLEDGEMENT OF RISKS FOR MINORS

(Must be completed by parent or legal guardian for participants under the age of 18)

I acknowledge my child's participation in \_\_\_\_\_.

Activities include known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of \_\_\_\_\_ (print minor's name) (Minor) bring permitted by the Virginia Aquarium & Marine Science Center to participate in its activities and to use its equipment and facilities. I agree to indemnify and hold harmless Virginia Aquarium from any and all claims, demands, or causes of action which are brought by myself, and/or on behalf of the Minor against Virginia Aquarium and which are in any way connected with such use or participation by Minor.

I authorize Virginia Aquarium personnel to call for medical care for the minor to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, Virginia Aquarium, shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

**STATEMENT OF HEALTH RECORD**

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Person to Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Address: \_\_\_\_\_

Medical/Health Insurance Co.: \_\_\_\_\_ ID No. \_\_\_\_\_

**Health History – (Describe condition/treatment)**

Allergies (e.g. Insect stings, medication, etc.): \_\_\_\_\_

\_\_\_\_\_

Conditions requiring regular medication (e.g. Diabetes, epilepsy, heart disease): \_\_\_\_\_

\_\_\_\_\_

Please identify all medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Recent injuries, illnesses, operations: \_\_\_\_\_

\_\_\_\_\_

Other physical disabilities or chronic conditions (e.g. poor eyes, hearing): \_\_\_\_\_

\_\_\_\_\_

Do you wear contacts? YES\_\_\_\_\_ NO\_\_\_\_\_ Do you wear glasses? YES\_\_\_\_\_ NO\_\_\_\_\_

Emotional or behavior disorders (e.g., phobia): \_\_\_\_\_

\_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

Swimming ability: Non-swimmer\_\_\_\_\_ Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Parent or guardian of minor applicant if under eighteen)**

**I declare the statements on this form to be true.**

On a separate sheet, attach any additional medical conditions or other concerns which affect your child that the Virginia Aquarium and Marine Science center should be made aware of.



City of Virginia Beach  
 City Manager's Office  
 Media & Communications Group  
 2401 Courthouse Drive  
 Building 1, Room 220  
 Municipal Center  
 Virginia Beach, VA 23456  
 (757) 427-4679 (Voice)  
 (757) 426-5665 (Fax)  
 (757) 427-4305 (TDD)  
 VBgov.com

## MODEL/INTERVIEW RELEASE

### Authorization to Reproduce Photographs or Release Information Gathered in Interviews

I hereby grant to the City of Virginia Beach, Media and Communications Group, its agents and assignees, the rights to photograph me, and/or my minor child(ren), the right to use information I and/or my minor children provide during an interview, and the right to use said photographs and/or interviews in connection with the publicizing or promoting of the City of Virginia Beach, its services or departments and agencies, including news releases and feature articles to the print media, the employee newsletter, and publications produced by or through the Media and Communications Group and the City.

I understand that there is to be no remuneration for this use or reproduction of said photographs.

I hereby represent and certify that I have read and fully understand the meaning and effect of this release and, intending to be legally bound, I hereunto set my signature this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Signature

Information for caption:

Name of Model (adult): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Subject/Location: \_\_\_\_\_