

Virginia Aquarium & Marine Science Center Program Registration

All sections of this form must be completed and submitted with proper payment.

Forms can be returned in person, via email, fax, or postal mail.

Mail completed form with payment to:

Virginia Aquarium & Marine Science Center ATTN: Education Department, 717 General Booth Blvd., Virginia Beach, VA 23451.

Participant Information			
Name	Date of Birth	Age	
Nickname	Grade (2020-21 School year)		
Home Address	City & Zip		
Allergies to food, medicines, etc.			
Will this participant require medication to be administered during the program? <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete medication administration form.)			
Does the participant have special needs that require accommodations? (developmental, emotional, physical) <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete Accommodation Request Form)			
Has the participant had an Accommodation Plan with us in the past? <input type="checkbox"/> No <input type="checkbox"/> No, but I would like one <input type="checkbox"/> Yes, please continue it			
Parent/Legal Guardian Information			
Relationship to participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian- Legal Documentation required to be attached			
Name	Primary Phone	Secondary Phone	
Email		Membership Level	
Home Address (if different)		City & Zip	
Relationship to participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian- Legal Documentation required to be attached			
Name	Primary Phone	Secondary Phone	
Email		Membership Level	
Home Address (if different)		City & Zip	
Emergency Contact & Authorized to Pick Up Information			
<small>complete two, other than the parents, who are authorized to pick up participant</small>			
Name	Primary Phone	Secondary Phone	
Relationship to Participant			
Name	Primary Phone	Secondary Phone	
Relationship to Participant			
Additional person(s) Authorized to pick up participant			
Name & Phone Number			
Relationship to Participant			
Selections and Payment			
Program	Date	Price	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (Payable to Virginia Aquarium)
Program	Date	Price	Total Cost: _____
Program	Date	Price	Name on Card: _____
Program	Date	Price	Card Number: _____
Program	Date	Price	VCode: _____ Expiration Date: _____
Program	Date	Price	Signature: _____
Cancellation			
Cancellations must be made at least three weeks in advance of program for full refund. The Aquarium will notify you if a requested program is filled or canceled. For more information contact the School and Youth Programs Team at (757) 385-0278.			

Program Information and Expectations of All Participants

I have read, understand and agree to abide by the program policies & procedures, and expectations of all participants.

To ensure understanding and acknowledgement please check each box and sign below.

- Participants must be signed in and out of camp each day by a parent, legal guardian, or authorized individual.
- If applicable for program activities, participants will be transported in Aquarium vehicles driven by staff members with appropriate training and licenses.
- Staff will attempt to notify me if my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within the hour or of receiving the phone call if requested.
- I authorize emergency personnel to treat my child in case of emergency.
- I understand that staff will keep me updated on my child's behavior. If I do not pick up my child, I release staff to share behavioral information with the individual on my approved pick-up list.
- I, for myself and/or child named here as a patron and/or participant in a Virginia Aquarium & Marine Science Center Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Aquarium Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I agree to follow all the policies and procedures of the Virginia Aquarium.
- I hereby provide my consent for the Virginia Aquarium and the City of Virginia Beach to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use.

Parent/Legal Guardian Signature

Date

Office Use Only

Received by:	Membership <input type="checkbox"/>	Total Payment Amount:	Date Payment Received :
Waivers Needed <input type="checkbox"/>	Waivers Sent:	Waivers Received:	
Additional Forms <input type="checkbox"/>	Additional Forms Sent:	Additional Forms Received:	

Comments: