



VIRGINIA BEACH FIELD HOUSE

Virginia Beach Field House 2020 Landstown Centre Way, Virginia Beach, VA 23456 Phone #757-427-3955
 Fredericksburg Field House 3411 Shannon Park Drive, Fredericksburg, VA 22408 Phone #540-361-4717

Parents Night Out

PARTICIPANT'S INFORMATION

Participant's Name (First, MI, Last)		Nickname	Date of Birth	Age	M/F
Participant's Address		City, State, Zip Code			Home Telephone No.
Person(s) or Agency Having Legal Custody of Child	School Attending	Grade In	Grade Entering	Current Teacher's Name	
Previous Child Day Care Program/School(s) Attended (Include City and State)					

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Please list in order the best phone numbers to reach you during operation hours		
Primary Contact #	Secondary Contact #	E-mail Address

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency :		List all medications you child takes daily and any possible reactions
Does your child have any identified special need(s) (developmental, physical, emotional or learning)? Y / N Please describe: _____ Does the participant have a previous inclusion and special needs plan on record with the school system? Y / N		
Name of Participant's Physician		Physician's Telephone No.
Emergency Contact Person (Other Than Parent) 1.		
Address	City, State, Zip Code	Telephone No.
Emergency Contact Person (Other Than Parent)		

2.		
Address	City, State, Zip Code	Telephone No.
Person(s) Authorized To Pick Up Participant:		
Person(s) Not Authorized To Pick Up Participant *:		

* Appropriate paperwork such as the divorce decree shall be attached if a parent/guardian is not allowed to pick up the child.

ASSUMPTION OF RISK • AGREEMENT • PERMISSION SLIP

I AGREE TO THE FOLLOWING:

1. I will pick up or make arrangements for my child to be picked up immediately if notified that my child has become ill or behavior issues arise.
2. I will provide adequate proof of birth to keep on file.(either birth certificate or passport).
3. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
4. I have read and understand the parent handbook, as it relates to Facility Policies including cancellation, code of conduct, discipline, refunds, late payment fee, and late pickups.
5. I, for myself and child, as a guest and/or participant with the Virginia Beach Field House am aware of the possibility of accidental or other physical injury which may befall me or my child during the use of the facility, equipment, and/or participation in programs conducted by this department. I hereby assume the risks of possible accidental physical injuries that I or my child may suffer while utilizing the Virginia Beach Field House facilities and/or programs, therefore releasing from any and all liability or cause of action, the Virginia Beach Field House, its employees and volunteers.
6. I also give the Virginia Beach Field House and its staff permission:

To record my child's likeness and/or voice for use by television, film, radio, or printed media to further the aims of the Virginia Beach Field House in related campaigns and magazine articles, booklets, posters, and in other ways that they see fit.

_____ Parent/Guardian Signature Date Staff Signature Date

FOR OFFICE USE ONLY

Date Entered Program

Date Left Program

IDENTITY VERIFICATION

Birth Certificate Number (Other Form of Proof)			Date of Birth
Date Issued / / .	Place of Birth	Staff Initials	Date Viewed