

Berryville Community Center
REGISTRATION FORM
 Summer Youth Program 2019

Please circle the day(s) your child(ren) will attend the Summer Youth Program:

M Tu W Th F
 Full Day Morning ½ Day Afternoon ½ Day

Other: _____

Child's Name	Age	Date of Birth	Gender	Grade completed	T-shirt size	Swimming Ability
1.						(Circle one) Beginner Intermediate Advanced
2.						(Circle one) Beginner Intermediate Advanced
3.						(Circle one) Beginner Intermediate Advanced

MOTHER'S INFORMATION		FATHER'S INFORMATION	
Name:		Name:	
Cell phone:	Home phone:	Cell phone:	Home phone:
E-mail:		E-mail:	
Mailing address:		Mailing address:	
Employer:		Employer:	
Work phone:	Ext.	Work phone:	Ext.

>Parents will be our first contact in the event of an emergency/pick-up situation. Please list names below that are in addition to parents.

Emergency Contacts

Name	Contact Priority	Relation to Child	Phone #
1.			
2.			
3.			

Persons Authorized to Pick-Up Children

Name	Contact Priority	Relation to Child	Phone #
1.			
2.			
3.			

A \$75 reservation fee for each child is due at the time of registration. This fee will be applied to the **first week** of attendance for the child. **Attendance fees are due prior to care. Children will not be permitted to attend if fees are not paid in advance.**

Berryville Community Center
 Medical Information and Release
 Summer Youth Program 2019

Has your child(ren) had any of the following ailments?	Give Approx. Dates	Has your child(ren) had any of the following ailments?	Give Approx. Dates
Frequent Ear Infections		Convulsions	
Heart Defect/Disease		Diabetes	
Bleeding/Clotting Disorders		Hypertension	
Mononucleosis		Seizure	
Chicken Pox		Measles	
German Measles		Mumps	
Hay Fever		Allergy to Insect Stings	
Allergy to Penicillin		Allergy to other drug (please specify)	
Asthma		Other Allergy (please specify)	

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications _____

Name of dentist/orthodontist _____ Phone# _____

Name of family physician _____ Phone# _____

Insurance Provider _____ Policy or group# _____

This health history is correct so far as I know, and the person herein described has my permission to engage in all Summer Youth Program activities.

I, the natural parent/guardian of _____, authorize the following:

1. Berryville Community Center Staff have permission to transport my child to and from related Summer Youth Program activities.
2. Berryville Community Center Staff and/or ambulance service have permission to provide necessary emergency transportation.
3. Berryville Community Center Staff have permission to provide basic first aid.
4. Any Physician or the medical staff of a licensed Hospital or Clinic have permission to provide treatment, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis, and hospital care as deemed necessary for the safety and welfare of my child until I can be notified. I understand this authorization is given in advance of any treatment being required and that the resulting expenses will be the responsibility of the parent(s).
5. The release of my child to persons listed as emergency contacts on this form in an emergency, or if I am late in picking up my child.

I fully understand that my child is to accept all rules and requirements governing conduct during the summer youth program.

I also understand that there is risk involved with respect to the Summer Youth Program activities and excursions and will assume responsibility and will indemnify, hold harmless, and defend the Berryville Community Center Staff, its officers and its agents against any claim brought on behalf of my minor child in connection with this program except for negligence on the part of the Berryville Community Center, its staff, its officers, and its agents. This authorization will remain effective during the enrollment period of this child, unless sooner revoked in writing to said agent. The completed forms may be photocopied for trips out of the Summer Youth Program.

Parent/Legal Guardian Signature _____ Date _____



601 Dr. Spurlin Circle • Berryville, AR 72616 • 870-423-3139

The Berryville Community Center

We would like to use you to promote our Parks & Community Center!

Photo/Video Release Form

I, _____ (parent's name), hereby authorize the Berryville Community Staff to use, reproduce, and/or publish photographs and/or video that may pertain to my child, _____ (child's name), including his/her image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Berryville Community Center website and/or Facebook pages. This authorization is continuous and may only be withdrawn in writing by my specific rescission of this authorization. Consequently, the Berryville Community Center may publish materials, use my child's name, photograph, and/or make reference to him/her in any manner that deems appropriate in order to promote/publicize the Summer Youth Program.

Signature _____

Date _____