

# HERNDON PARKS & RECREATION DEPARTMENT

## 2024-2025 WINTER CAMP INFORMATION FORM

### SELECT YOUR PARTICIPANTS PROGRAM(S)

#### Winter Camp

12/26/24  12/27/24  01/02/25  01/03/25

#### Tennis Camp

12/23/24  9:00am-1:00pm  1:30-5:30pm

### PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

School Participant Attends \_\_\_\_\_ Grade as of 2024-25 School Year \_\_\_\_\_

To ensure the best possible experience, tell us about your child.  
Including any emotional, behavioral, physical, or developmental challenges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies.

\_\_\_\_\_

**NOTE:** Any medication(s) to be administered during program hours requires a separate medication permission form.

I give permission for my child to swim at the indoor facilities at the Herndon Community Center under the supervision of the staff and lifeguards. *Not all camps will go swimming.*  YES  NO

### GUARDIAN INFORMATION

**GUARDIAN 1:** Name \_\_\_\_\_ Relationship (to child) \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Do you have legal custody?  YES  NO

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Place of Employment \_\_\_\_\_ Additional Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Both pages of this form must be fully completed and returned to the department prior to child(ren) attending camp.**

**Herndon Parks and Recreation Department**

#### Mailing Address

777 Lynn Street  
Herndon, VA 20170

#### Physical Address

814 Ferndale Avenue  
Herndon, VA 20170

[herndon.camps@herndon-va.gov](mailto:herndon.camps@herndon-va.gov)

703-787-7300  
[herndon-va.gov/recreation](http://herndon-va.gov/recreation)

LAST NAME	FIRST NAME	NICKNAME	AGE	BIRTH DATE (MM/DD/YYYY)

### GUARDIAN INFORMATION CONTINUED

**GUARDIAN 2:** Name \_\_\_\_\_ Relationship (to child) \_\_\_\_\_  
 Preferred Phone Number \_\_\_\_\_ Do you have legal custody?  YES  NO  
 Address \_\_\_\_\_ Same address as above?  YES  NO  
 City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Additional Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

### EMERGENCY CONTACTS [REQUIRED] OTHER THAN GUARDIANS. MUST BE AVAILABLE DURING CAMP HOURS.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  CELL  HOME  WORK Phone \_\_\_\_\_  CELL  HOME  WORK  
 Address (street, city, state, zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  CELL  HOME  WORK Phone \_\_\_\_\_  CELL  HOME  WORK  
 Address (street, city, state, zip) \_\_\_\_\_

### AUTHORIZED PICK-UP PERSONS, IN ADDITION TO THE CONTACTS LISTED ABOVE, WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

**RECREATION CONSENT:** I realize that participation in recreational activities and transportation to and from these activities, if provided through this program, may involve risk. I consent to participate in these activities, and I assume this risk. I realize that I may consult my physician concerning my fitness to participate. I give the town of Herndon's employees, officers, agents, and volunteers on behalf of the town, authority to administer or to procure for me any medical attention they may deem necessary if I am injured while participating in these activities. I am signing and returning this form to the Town of Herndon in consideration of the town providing the opportunity to participate in these activities. If I am a minor, my parent or guardian is signing this for me. Participants in activities sponsored or co-sponsored by the Parks & Recreation Department consent to the department's use of any photograph, film or image of the activity in any marketing or promotional materials.

PRINT NAME OF PARENT OR GUARDIAN \_\_\_\_\_ SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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