

2010 CAMP FAMILY INFORMATION FORM

Fax to: 703-723-2707 or mail to: Curiosity Zone, 43135 Broadlands Center Plaza, #123 Ashburn, VA 20148

Last Name: _____	Office Use Only	Date: _____ CC#: _____
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1. CHILDREN & MEDICAL INFORMATION

Child's First Name	Sex	Birthdate	Allergies or special needs? Y N If yes, please describe.
Child's First Name	Sex	Birthdate	Allergies or special needs? Y N If yes, please describe.
Child's First Name	Sex	Birthdate	Allergies or special needs? Y N If yes, please describe.
Family Physician & Phone Number			

2. PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	Email	Home Phone	Cell Phone
Home Address (City, State, Zip Code)			Work Phone
Billing Address (if different)			
Employer		E-mail Address	
Do you have legal custody of child? YES NO			
Person/Agency with Legal Custody if Different from Above	Home Phone	Work Phone	Cell Phone:
Home Address (City, State, Zip Code)			Employer

3. EMERGENCY INFORMATION (2 adults other than parent/guardian authorized to pick up child.)

1. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				

4. RELEASES. Please read carefully and initial where required.

EMERGENCY MEDICAL RELEASE (please initial one of the following)

___ In the event of injury or serious illness, I give permission for Curiosity Zone staff to obtain medical treatment for my child(ren). I understand that if my child(ren) need(s) to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

OR

___ In the event of injury or serious illness, I do not give permission for Curiosity Zone staff to obtain medical treatment for my child(ren). Instead, I instruct Curiosity Zone staff to _____.

PHOTOGRAPHIC RELEASE

By signing below, I give permission to Curiosity Zone to use photographs and videos of my child(ren) in any and all publications and other media without limitation for the limited purpose of publicity and advertising to increase awareness of Curiosity Zone programs.

LIABILITY RELEASE

By signing below I absolve Curiosity Zone LLC of any responsibility for any accident or injury to my child(ren) or caused by my child(ren) to others where neglect is not involved. Furthermore, I understand that Curiosity Zone can only be responsible for my child(ren) during the days and times that he/she has been properly checked in and that Curiosity Zone will not be responsible for my child when he/she is traveling to and from the Curiosity Zone.

5. SIGNATURE. My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child(ren) is/are registered for will be adhered to; and that I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian _____ Date _____