

READ CAREFULLY  
**WAIVER AND RELEASE OF LIABILITY**

In consideration of **Pev's** furnishing services and /or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **Pev's**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of **Pev's**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **Pev's** and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **Pev's**. This waiver is good till **March 1 2010**.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **Pev's** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

\_\_\_\_\_  
Print Name                      Age                      Date of Birth                      Phone

\_\_\_\_\_  
Signature                      Address                      City, State Zip

\_\_\_\_\_  
Signature of Parent/Guardian                      E-mail  
(if less than 18 yrs old)

\_\_\_\_\_  
DATE

**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Check all camps that apply:**     Camp Goodtimes     LARK     YAT  
    Road Rulz      Specialty Camp (Name of camp: \_\_\_\_\_)



## **SPRING PROGRAM GUIDELINES & REQUIREMENTS**



### **CODE OF CONDUCT FOR ALL PARTICIPANTS IN RCC SUMMER PROGRAMS**

**Signatures of the participant and the parent are required affirming both have read and agree to abide by all elements of the Code of Conduct below and the RCC's General Code of Conduct posted in our buildings.**

### **PARENT REQUIREMENTS**

- Provide all required documentation and forms on deadline or the space for your child/ren will be forfeited.
- Sign-in and sign-out child/ren per age guidelines and program requirements on time and with any required identification. Penalty fees will be applied for late pickups and participants may miss key program elements such as field trips if participants are not brought to program sites on time.
- Alert the program director if participant(s) will not be attending prior to the start time of the day's program activities.
- Support the behavior requirements of the Code of Conduct.
- Pick up or arrange for authorized person(s) to pick up a sick participant as soon as possible if the participant has become ill.
- Pick up or arrange for authorized person(s) to pick up a participant whose conduct is disrupting activities or who has been dismissed from the program.

### **PARTICIPANT REQUIREMENTS**

- At all times, participants in RCC programs must abide by the RCC's General Code of Conduct, and must treat all people, staff, participants and other people in program areas, with respect. Participants will treat others as they would want to be treated.
- Participants will follow instructions given by program leaders.
- Participants will maintain personal hygiene, wear safe and suitable clothing for activities, and remain with their program group.
- RCC requests that participants wear close-toed shoes, no shoes with "Heelys," and that no jewelry be worn while in RCC programs for safety reasons.
- Participants will not bring valuables such as iPods, game systems or other expensive items to RCC programs to guard against loss. RCC is not responsible for personal property of participants.
- Eating and drinking will be permitted only in areas designated for that, and under no circumstances are participants allowed to share food with other participants to support individual participant allergy sensitivities.
- Participants will not borrow money from other participants; should the need arise program staff will make appropriate arrangements.

**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Check all camps that apply:**     Camp Goodtimes     LARK     YAT  
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## **SPRING PROGRAM GUIDELINES & REQUIREMENTS**



### **GROUND'S FOR DISMISSAL FROM RCC PROGRAMS**

- Possession of any item used as a weapon, and/or physical attack upon another person.
- Harassment, verbally abusive language or similarly aggressive behavior toward any participant, staff member, or member of the general public.
- Vandalism, destruction of property or proven theft by any participant.
- Possession of any alcohol, tobacco, pharmaceutical or other unauthorized drug or substance by a participant.
- Repeated violations of participant or parent requirements above.

Signatures of both the parent and participant below signify agreement to abide by these requirements and the consequences of failing to do so.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE NOTE: BY SIGNING THE RCC REGISTRATION FORM, PARENTS HAVE AGREED TO THE FOLLOWING:**

I recognize that there are some inherent risks to participating in certain programs/activities and, accordingly, agree to hold the Center, the governing Board of the Center, the Fairfax County Board of Supervisors, the employees of the Center and its volunteers, harmless from any and all liability for property damage, harm or bodily injury, which may result from my participation. I acknowledge that I have been advised to carry my own insurance while participating in this program. If I am registering a child, I represent that I am the parent/legal guardian of the child being enrolled. I also recognize that the Reston Community Center may take photographs and/or videotapes of its programs for either archival or public relations purposes. My signature releases the Reston Community Center from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Check all camps that apply:**    Camp Goodtimes    LARK    YAT  
 Road Rulz    Specialty Camp (Name of camp: \_\_\_\_\_)



## EMERGENCY CONTACT FORM



**NOTICE : THIS FORM MUST BE COMPLETED EACH YEAR IN FULL AND SIGNED**

**PLEASE PRINT CAMPER'S NAME** \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/Apt. # \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**EMERGENCY INFORMATION:** *Please give two contact names in the event that parents cannot be reached.*

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

### INSURANCE INFORMATION

Pediatrician/Physician \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Is the participant covered by family medical/hospital insurance?    Yes    No

If yes, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

### ADDITIONAL QUESTIONS

Yes    No   Is your child under a physician's care?

Yes    No   Does your child have any allergies? If yes, please specify: \_\_\_\_\_

What should be done if your child comes into contact with an allergen? Please attach instructions in a letter.

Yes    No   Does your child require any special accommodations? If so, please attach in a letter.

Yes    No   Does your child take medications? If yes, you must submit the Medical Authorization Form.

Child's swimming Level:    Non-Swimmer    Beginner    Experienced

Yes    No   Does your child know how to ride a bike?

What grade will your child enter in September? \_\_\_\_\_

**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Check all camps that apply:**     Camp Goodtimes     LARK     YAT  
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## EMERGENCY CONTACT FORM (CONT.)



### MEDICAL TREATMENT AUTHORIZATION

**Parent's/Guardian's Authorization:** The health form as submitted is correct as far as I know and the participant has permission to engage in all camp activities. In the event my child becomes ill during camp, I will pick up my child immediately. In the event I cannot be reached immediately during an emergency, I give permission to the physician selected by the Reston Community Center to obtain necessary medical treatment (e.g. hospitalize, order injections and/or anesthesia, order surgery for the participant) if needed, except as noted in the exceptions line below.\* I understand that I will be responsible for any and all medical expenses incurred on behalf of the participant. In the case of an emergency, the Reston Community Center will use the closest available emergency medical facility.  
\*If parent or guardian has an objection to seeking emergency medical care, a statement to this effect must be noted in the exceptions line below and the reason for the objection clearly stated.

Medical Exceptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** I recognize that there are some inherent risks to participating in certain programs/activities and, accordingly, agree to hold the Center, the governing Board of the Center, the Fairfax County Board of Supervisors, the employees of the Center and its volunteers, harmless from any and all liability for property damage, harm or bodily injury, which may result from my or my child/ren's participation.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ADA ACCOMODATIONS



Fairfax County's programs, services and facilities are available to all citizens regardless of race, color, national origin, gender, age or disability. For additional information regarding reasonable accommodations and support provided to facilitate participation for individuals with disabilities, call 703-476-4500 or TTY 800-828-1120. Requests for accommodations must be received 10 working days prior to the class or activity start date.



**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

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## DROP OFF/PICK-UP INFORMATION FORM



**PLEASE NOTE: THIS FORM IS REQUIRED FOR ALL RCC CAMPS**

The Reston Community Center follows Fairfax County Department of Family Services guidelines for unsupervised children:

- 7 years and under:**      Should not be left alone for any period of time.  
**8 to 10 years:**         Should not be left alone for more than 1 1/2 hours and only during daylight and early evening hours.  
**11 to 12 years:**        May be left alone for up to 3 hours during daylight and early evening hours.  
**13 to 15 years:**        May be left unsupervised during daylight or evening hours, not late at night or after RCC is closed.

**All participants must have the following information completed, initialed and/or signed by a guardian:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Will Arrive to camp site at \_\_\_\_\_ a.m./p.m. and will depart from camp site at \_\_\_\_\_ a.m./p.m.

No child may be dropped off prior to 8:00 a.m. unless the program itinerary requires it.

### AUTHORIZATION TO PICK UP CHILD

**PERSONS AUTHORIZED TO PICK UP:**

**PERSONS NOT AUTHORIZED TO PICK UP:**

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

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

**Please initial how your child will arrive and depart from Camp (you may select multiple options):**

\_\_\_\_\_ I understand that children 8 years and older enrolled in camps held at Hunters Woods or Lake Anne, will be under general staff supervision beyond the scheduled hours of the camp program in which they are enrolled in.

\_\_\_\_\_ My child may not arrive or depart with anyone other than myself or authorized escorts.

My child has permission to use:

\_\_\_\_\_ Public Transportation    \_\_\_\_\_ Bicycle \_\_\_\_\_ Walking

**Please Initial:**

\_\_\_\_\_ My child has permission to arrive/depart from RCC Programs without an escort (not applicable to those under 8 years of age). I understand that RCC accepts no responsibility for the safe arrival or departure of my child if I elect not to provide an escort.

### PLEASE NOTE

RCC does not provide child care and the statement "general staff supervision" does not imply any legal child care certifications and/or child care qualifications on the part of staff member. All RCC staff members have fulfilled a Criminal Background Check as a condition of their employment.

For all participants, it is imperative that parents drop-off and pick up their child/ren on time. RCC reserves the right to enforce late drop-off or pick-up penalty fees.

**CHILD'S NAME: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Check all camps that apply:**     Camp Goodtimes     LARK     YAT  
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## RCC CAMP CAR POOL LIST



Are you interested in being placed on a car pool list?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Parent/Guardian Name: \_\_\_\_\_

Camper Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### CAR POOL DISCLAIMER

This service is provided solely as a referral service for potential carpool partners. Information shared is limited to name, phone, and/or email addresses of possible car pool partners. This service does not assess the suitability of individuals participating in a car pool program nor does it match participants. Participants are solely responsible for determining whether and when it is appropriate to meet with or share personal information with potential car pool partner(s). Participation in a car pool program is an individual decision. It is solely your responsibility to notify your insurance provider of your intent to carry passengers and insure that you are adequately covered to protect yourself and your passengers. Completion and submission of this form does not obligate you to join a car pool. It is an expression of your interest in exploring car pool options available to you and allows RCC to publish and share your information with other interested parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date