HEART 2025-2026
REGISTRATION FORM

Today's Date_____

Child's Name _____Nickname_____Sex__M / F__Birthdate____/____/____Age_____
Street Address _____City_____State_____Zip _____
School child attends _____ Grade _____
Child's Physician _____ Physician's Phone Number _____
Mother/Guardian 1 Name _____Place Employed _____
Cell Phone (_____) _____Work Phone (_____) _____ Home Phone (_____)_____
Parent Email _____
Father/Guardian 2 Name _____Place Employed _____
Cell Phone (_____) _____Work Phone (_____) _____ Home Phone (_____)_____
Parent Email: _____
Parent/ Legal Guardian with legal custody of child _____
Legal Parent/ Guardian home address_____
Provide names and address of 2 contacts if parent / guardian cannot be reached:
Name _____Address _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____)_____
Name _____Address _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____)_____
Persons authorized to pick up child:
_____
_____

Information & Characteristics	Yes	No	Explanation & Comment
Allergies	○	○	_____
Medications	○	○	_____
Dietary restriction	○	○	_____
Physical limitations/restriction	○	○	_____
Chronic conditions/illnesses	○	○	_____
Any unusual fears	○	○	_____
Easily upset	○	○	_____
Physically aggressive (including difficulty controlling temper)	○	○	_____
Withdrawn, shy	○	○	_____
Hyperactive	○	○	_____

***MONTHLY PAYMENTS ARE DUE ON THE FIRST FRIDAY OF THE MONTH. ***
Please make checks payable to **Staunton Parks and Recreation**.

Amount received: _____ Date_____ Staff initials: _____

Please also note any special assistance or accommodations

_____
_____
_____
_____

Is there anything about your child that you wish to share with us?

_____
_____
_____
_____
_____

AGREEMENTS

1. The parent/guardian gives authorization for the child to participate in field trips within the City limits of Staunton.
Yes _____ No_____

2. The Staunton Recreation Department agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up thereafter as soon as possible.
Yes _____ No_____

3. The parent/guardian authorizes Staunton Parks and Recreation to transport their child to Augusta Health and obtain immediate medical care if any emergency occurs when parent/guardian cannot be located immediately.
Yes _____ No_____

4. Staunton Parks and Recreation may use images (pictures, videos) of my child in publicity for the department.
Yes _____ No _____

XX_____
Signature of Parent or Guardian and Date

5. I have received the Parent/Guardian Handbook which outlines all policies and procedures. I am responsible for reading and understanding all policies and procedures therein.

XX_____
Signature of Parent or Guardian and Date

6. I understand that the HEART program is operating as a program exempt from licensure with basic health and safety requirements but has no direct oversight by the Virginia Department of Education.

XX_____
Signature of Parent or Guardian and Date

Date child entered care: _____ Date child left care: _____

PARENT'S AND PARTICIPANT'S INFORMED CONSENT, AUTHORIZATION, AND RELEASE

(This is a legal document. Read carefully before signing.)

To the fullest extent permitted by law, in consideration of the person noted below being allowed to participate, with each and all person/s acknowledging the opportunity to ask questions, be aware and receive full information, understanding and give voluntary consent regarding the potential risks in any physical or other activity/ies involved generally and particularly and inherently in parks and/or recreation programs, including those inherent related to a trip or travel, the undersigned individual/s VOLUNTARILY AND UNCONDITIONALLY on behalf of the undersigned and as well as by the participant personally, if the participant is at least 18 years of age, and for successors in interest AGREE that the undersigned:

- **ASSUMES ALL RISKS**, and
- **FOREVER WAIVE/S AND RELEASE/S** the City of Staunton, its departments and agencies, officials, employees, agents, representatives and volunteers (individually and collectively the "City") from any claims and liability of any nature whatsoever, for ANY KIND OF **PERSONAL INJURY, ILLNESS, DEATH**, EXPENSE, COST, AND DAMAGES except those not subject to waiver or release under the law, and
- **FOREVER WAIVE/S AND RELEASE/S** ALL **PROPERTY DAMAGE**, LOSS AND/OR DAMAGES that may relate, directly or indirectly, to the program and activity/ies connected with the City in any aspect of it/them at any time and at any place whether before, during or afterwards, and
- **FOREVER AUTHORIZE/S** the City to seek and obtain **CARE, MEDICAL ATTENTION AND TREATMENT** of any kind for the participant whether the treatment occurs without knowledge of the quality of care or treatment provider or facility, and ACCEPTS FULL RESPONSIBILITY AND LIABILITY FOR ANY CHARGES OR EXPENSES AND/OR COSTS incurred or related to such care and treatment, including EXPENSE related to transportation or early return home, whether or not it is covered by any insurance policy, plan or program or agreement of any kind.

Each provision of this document is separable, and each such provision, including each clause, stands on its own. The City does not waive and expressly preserves any immunity of any kind as allowed by law.

Witness: _____

Date: _____

If participant is a minor under the age of 18

Participant Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____