

YOUTH CRICKET CAMP REGISTRATION FORM



PARTICIPANT INFORMATION

Child's Last Name	Child's First Name	Child's Nickname	Sex	Age	Birthdate
Child's Full Address (Street, City, State, Zip Code)				Home Phone	
Child's School		Grade	Primary E-Mail Address:		

MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Does your child have allergies? YES NO If yes, complete the Health & Skills Form.
Insurance Company Name/Address	Insurance Policy Number	Insurance Group Number
Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO List medication(s) that will need to be administered during program hours and Medication Authorization Form required.		
Please explain (prescription name, prescribing physician, side effects): _____		
Does your child have identified medical, personal care or special need(s) (developmental, physical, emotional, or learning)? YES NO If yes, please complete the Health & Skills Form.		

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (Street, City, State, Zip Code)				
Place of Employment		E-mail Address		Do you have legal custody of child? YES NO
Secondary Guardian's Name	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (if different-Street, City, State, Zip Code)				
Place of Employment		E-mail Address		Do you have legal custody of child? YES NO
Person/Agency With Legal Custody if Different from Above	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (Street, City, State, Zip Code)				Place of Employment

EMERGENCY INFORMATION (3 adults other than parent/guardian, 2 within 30 miles of the site, authorized to pick up child.)

1. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
3. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				

The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship)

***Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.**

“If you require a reasonable accommodation for any type of disability in order to participate in Wicket Club activities, please contact Shaista Chaudhry 571-276-7600. Three business days advance notice is requested.”

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

Signature of Parent or Guardian _____ Date _____

Proof of Age and Identity _____
Form Type
Place of Birth
Certificate #
Date Issued

Forms Reviewed by _____

Children's Program Division**ADDENDUM FORM**

Program Year: _____

(✓) the program registering for:

___ Spring Break Camp

___ Summer Camp

___ Fall Camp

Camp Sessions: (circle) 1 2 3 4 5 6 7 8**Camp Shirt:** CHILD S M L XL

ADULT S M L XL XXL

Child: _____

Program Location/Site: _____

Parent/Guardian: _____

Enrollment Date _____ Start Date _____ End Date _____

EMERGENCY MEDICAL RELEASE (Please Initial)

___ In the event of injury/serious illness, I give permission for the *Wicket Club (WC)* staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

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

PHOTOGRAPHIC RELEASE By signing below, I give permission to (*WC*) to use photographs and videos of my child for publicity in order to increase community awareness of (*WC*) programs and in any and all publications and other media without limitation.

FIELD TRIP By signing below, I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and pick-up locations of trips.

Child's Cricket level: ___ Beginner ___ Average ___ Advanced (All areas). Comment: _____

LIABILITY RELEASE By signing below I absolve the *Wicket Club* of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that (*WC*) can only be responsible for my child during days and times that he/she has been checked in and that (*WC*) will not be responsible for my child when he/she is traveling to and from any (*WC*) activity via transportation not provided by *Wicket Club*.

PROPERTY DAMAGE ___ I understand I may be financially responsible for property damage caused by my child during the program.

USE OF PROTECTIVE GEAR ___ I agree to follow program guidelines set by *Wicket Club* for staff to assist my child with

REGISTRATION AGREEMENT (Please sign below)

- Children must be picked up by closing time. Parents will be assessed a late pick-up fee of \$15/per child beginning every 15 minute interval. Late pick-up fees are due immediately.

Credit Card Charge Authorization:

Cardholder Name:		Card Type: Master Card Visa Discover
Card Number:		Expiration Date:
Cardholder Address:		CVV #:
Membership Purchased:		Amount Billed: \$ Monthly One Time
Email Address:		Phone #:

(Cardholder Signature)

My signature confirms that the above information and the registration form information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current.

(Print child's name)

___ I certify ___ I do not certify that my child _____ is legally present in the United States.

Signature of Parent or Guardian _____ Date _____