



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
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DEPARTMENT OF HOUSING, PARKS AND RECREATION
8201 SUB-BASE, SUITE 206
CHARLOTTE AMALIE, VI 00802-5805



OFFICE OF
THE COMMISSIONER

Phone: (340) 774-0255
Fax: (340)774-4600

AFTER-SCHOOL REGISTRATION FORM

Dates: 10/01/2008-12/19/2008

Hours: 3pm - 6pm

A copy of child's birth certificate must be provided with registration form.

Child's Information

Name: _____ Telephone: _____

Age: _____ D.O.B.: _____ Sex: Male () Female ()

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Other: _____

Mailing Address: _____

Physical Address: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Other: _____

Mailing Address: _____

Physical Address: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other: _____

Family Physician: _____ Daytime Phone: _____

EMERGENCY TREATMENT CONSENT AND WAIVER FORM

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize the Department of Housing, Parks & Recreation to treat and/or send my child to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of the Department of Housing, Parks & Recreation. All information on this form is complete, true and accurate to the best of my knowledge. I also certify that there is no pertinent information (other than what is listed below) concerning my child's health that the camp should be aware of as activities are planned while he or she is enrolled in this summer camp.

List any allergies including bee stings, hives, and asthma or have any history of fainting with active activities.

In accordance with Federal Law and the U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director of Office of Civil Rights, Room 326-W, Whitten Building 1400 Independence SW Washington DC 20250-9410 or call (202)720-5964 (voice and TDD) USDA is an equal opportunity provider and employer.

Free snack will be provided by the Department of Education, School Lunch Program regardless of race, color, sex, age, disability or national origin. Any child not enrolled in this site, but would like to eat snack is welcome to do so.

The applicant further agrees that in the event this application is granted, the signed applicant shall hold the Government harmless from any claims, suits or actions whatsoever for personal injuries and death, or any damage to property suffered by the applicant during the use and involvement of said after-school program and activities. Nothing herein shall be construed as to waive any rights or immunity of the Government with respect to any claims, suits or actions.

Immunization Information

According to V.I. law, prior to the first day of camp, all campers must be immunized or a statement from a physician must be submitted stating that immunization is in progress. Please indicate immunization dates of each of the following:

DPT (Diphtheria, Pertussis, Tetanus) _____
MMR (Measles, Mumps, Rubella) _____
Last TB / Tetanus Booster _____ Polio (OPV) _____

I also give permission for the above mentioned child to be photographed or videotaped during this camp season by a representative of the Department of Housing, Parks & Recreation. I understand that the photographs/videotapes will be used by the Department for the purpose of publicizing and promoting the camp's programs and services, and that no compensation will be offered to the child or the family.

Applicant Parent / Guardian Signature

Date