



Summer Blast and Teen Scene Participant Information
Henrico Recreation and Parks

Child's Name: _____

Father/Legal Guardian: _____
Phone Number: _____

Mother/Legal Guardian: _____
Phone Number: _____

Participant Pick-Up

If an adult other than a parent has permission to pick up your child at the end of the program, please let us know who they are.

The following people have permission to pick up my child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contacts

Why we need emergency contact information:

1. If an illness or injury occurs while a child is participating in the program.
2. If a child is not picked up within 10 minutes after the conclusion of the program.
3. If other emergency situations occur.

Please list one or two people that we may contact if we cannot reach you. The emergency contacts that you list below will be the person or persons we will attempt to contact if we cannot reach you. These contacts should be prepared to make decisions on your behalf in an emergency situation, as well as assist in making transportation arrangements if your child is not picked up at the conclusion of the program.

Name: _____ Phone Number: _____
Relationship to the Child: _____

Name: _____ Phone Number: _____
Relationship to the Child: _____

Allergies

Please let us know if your child has food or any other allergies that we need to be aware of:

Allergies: _____

Signature of Parent or Legal Guardian: _____