



## TEENS WITH A PURPOSE SUMMER PROGRAMS

### Registration & Field Trip Permission

Please Read Carefully before Signing



When completing form, print legibly in ink.

Registration status is pending until conformation is received. Depending on program demand, confirmed registrations may have to be determined via a lottery process. Campers may request to attend more than one session but admission to all camps is not guaranteed. Those with an end-of-session evaluation of average or higher will be allowed to repeat based on space availability. Camp T-shirts must be purchased by campers for \$10 per shirt. Return completed applications via fax: (757) 299-0149, mail or in person to 700 E. Olney Road, Norfolk, VA 23504 or email: TWPTeenEvents@gmail.com

#### Registering For:

☐ **Hear This Poetry Intensive (6/27-7/8)**  
Choice # ☐ (App. Deadline: June 23<sup>rd</sup>)

☐ **Camp Inspired (7/25-8/5)**  
Choice # ☐ (App. Deadline: July 8<sup>th</sup>)

☐ **Norfolk Art Project (8/8-8/18)**  
Choice # ☐ (App. Deadline: July 25<sup>th</sup>)

**Participant Name:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

First name

Last Name

**Grade** (as of Fall 2016) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** (as of camp start date) \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **T-shirt Size (\$10):** SM ☐ MED ☐ LG ☐ XL ☐ XXL ☐

**Gender:** M ☐ F ☐ **Parent Email:** \_\_\_\_\_ **Youth Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
Residence Street Address City State Zip Code

**Mailing Address** (if different above) \_\_\_\_\_  
Street or P.O. Box City State Zip

**Participant Phone Number:** (Day) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Evening) ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Cell) ( ) \_\_\_\_\_ - \_\_\_\_\_

**Medical and/or Behavior Concerns:** \_\_\_\_\_

#### List primary and secondary guardians below.

**Primary Guardian Name:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Secondary Guardian Name:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Will your youth be able to attend every day for the entirety of your selected Camp?** Yes ☐ No ☐

**Emergency Contact # 1:** \_\_\_\_\_ **Relationship to applicant** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact # 2:** \_\_\_\_\_ **Relationship to applicant** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Statement of Understanding:** I (or the participant who I represent) hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

**Acknowledgement of Risks/Medical Treatment Permission:** In consideration of my participation in the activity and/or facilities provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS). I, for myself or on behalf of the participant who I represent, authorize the City of Norfolk Department of Recreation, Parks & Open Space; Teens With A Purpose; and/or affiliate staff to take and provide all necessary medical attention should I, or the Participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity and/or facility. I have read the policies pertaining to cancellations, refunds, rules, and regulations as they pertain to these activities and/or facilities. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read, understand and agree with the terms and conditions for participating in this program:

Applicant Signature

Guardian Signature (if Applicant is under age 18)

Date

**Photo Permission Agreement:** OPTIONAL. I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during the activity and/or at this facility. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space and Teens With A Purpose to use photographs and/or videotapes in department/organization publications, media, campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Applicant Signature

Guardian Signature (if Applicant is underage 18)

Date