



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

AdventuroUS Summer Experience Registering: (please pick one a request to attend more than one session but admission to all camps is not guaranteed)
_July 12th – July 23rd, 8:30a-4:30p _July 26th – August 6th, 8:30a-4:30p _August 9th – August 20th, 8:30a-4:30p

Participant Name: _____ School Name: _____
First name Last Name

Grade (as of Fall 2021): _____ Date of Birth: _____ Age: (as of program 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

Community / Housing Name _____

Participant Phone Number: Day () _____ - _____ Evening () _____ Cell () _____

Medical and/or Behavior Concerns (i.e. weaknesses, allergies, physical limitations, disabilities, etc): _____

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
Do you receive free or reduced Lunch? Yes No

Emergency Contact: _____ 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 Teens With a Purpose, 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 Teens with a Purpose and City of Norfolk Department of Recreation, Parks & Open Space 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 under age 18) Date