



Please indicate which program, date and location you are registering for:

Program (Select One)

Teens in Action Camps (select one TIA camp date: Winter Spring Summer)

Elementary (1st – 6th) After School Programs Teen After School Program Kingsley Commons Other: _____

Program Location : (write preferred location) _____

Participant Registration Information

Name : Last _____ First _____ Preferred _____

Date of Birth : _____ **Current Grade** : _____ **Gender** : _____

Address : Street _____ Apt/Unit _____ City _____
State _____ Zip _____

Contact Info : Primary Phone Number _____ Participant Email (optional) _____

Primary Language : _____ **School** (currently attending) : _____

Does participant have an NCS RecDynamics account? Yes No If yes, list account number (if known): _____

Participant Demographic Information

Race : American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other: _____ Decline to Answer

Ethnicity : Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish Origin
 Other: _____ Decline to Answer

Ability : Does participant identify as a person with a disability? Yes (please identify): _____
 Yes, Prefer Not to Identify No Prefer Not to Answer

Participant Health Information

Prescriptions and ongoing medications, chronic physical or medical conditions, pertinent developmental information, special care instructions, and/or any special accommodations needed:

Suggestions on how we can help participant succeed in NCS programs:

Does participant have an Individualized Education Plan (IEP) at their school? Yes No

Allergic Reactions (check all that apply): Bee Stings Insect Bites Food Medicine Other: _____

Participant Requires Medication* (including EpiPen and/or inhaler): Yes No **If yes, please see Center Director/Program Manager for additional authorization forms.*



Enrolling Parent/Caregiver Information

Name : Last _____ First _____ Middle Initial _____

Address : Street _____ Apt/Unit _____ City _____
State _____ Zip _____

Contact Info : Primary Phone Number _____ Secondary Phone Number _____
Email _____ Lives with participant? Yes No

Primary Language : _____ **Relationship** : _____

Other Parent/Caregiver Information

Name : Last _____ First _____ Middle Initial _____

Address : Street _____ Apt/Unit _____ City _____
State _____ Zip _____

Contact Info : Primary Phone Number _____ Secondary Phone Number _____
Email _____ Lives with participant? Yes No

Primary Language : _____ **Relationship** : _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Treatment : NCS staff has permission, in the event of an emergency, at my expense to: (1) utilize the most convenient rescue squad vehicle or ambulance to transport me and/or my child to the nearest hospital; and (2) contact the individuals listed as emergency contact(s). Yes No

Transportation

Transportation to and from the center is the responsibility of the parent/guardian and transportation arrangements must be made in case of emergency, illness, or disciplinary problems. Participant will be (select one): Transported by Parent/Guardian Walking Biking

I give permission for my child to leave the center unaccompanied without parent/caregiver notification. Yes No

If field trips are scheduled, field trip payments will be collected in advance. A field trip permission slip is required the week before the trip. Absences and personal scheduling conflicts are not reimbursable. Field trip availability is filled on a first-come, first-served basis. The center will be open and provide programming for any participants who are not attending a field trip activity.

- I give permission to my child (the participant) to ride provided transportation to/from the center and on field trips.
- I do not give permission to my child (the participant) to ride provided transportation to/from the center and on field trips.



NCS Center Program Participation Agreements

Media : I give permission for my child to be photographed, videotaped or quoted by Fairfax County Government representatives, or the media, while participating in an NCS program activities, for use in print, electronic, Web, broadcast, or County social media. My child's name/photos/videos/quotes may be used in whole or in part, and may be edited, produced, duplicated, or distributed for informational or promotional purposes. County photos/videos are the property of Fairfax County Government without compensation to me, and may be subject to the Virginia Freedom of Information Act. Yes No

Video Platforms : I give permission for my child to participate in virtual programs on videoconferencing platforms. Yes No

General Liability Waiver: In consideration of the services to be rendered in connection with NCS programs, I, for myself and the child(ren) or adult for whom I am parent, legal guardian, or caretaker fully assume all of the risks associated with the participation of myself, my child(ren), or adult in the NCS programs, including any and all risks of injury or illness. As such, I hereby agree to waive, release, defend, indemnify, and hold harmless Fairfax County, and its current and former employees, servants, agents, directors, Board members, departments, agencies, assigns and insurers, or all of them, from any and all liability, damages, and actions brought by myself, by or on behalf of my child(ren), and/or by or on behalf of the adult for whom I am a caretaker, in connection with their participation in NCS programs.

Sharing Information: I give NCS permission to seek out and share information with other Fairfax County Agencies, including Fairfax County Public Schools. This information would be used to provide a supportive environment where I/my child can be better served.

FOIA/Public Record: I acknowledge that youth registration information provided to NCS is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that this information not be released.

FOIA/Release of Contact Information: I understand that by providing my email, I thereby agree to receive emails from Fairfax County. I understand that my contact information is protected from release under the Virginia Freedom of Information Act (VFOIA) and will not be shared. If I wish for my contact information to be released in response to a FOIA request, I will notify my center program manager.

Code of Conduct: I understand that center users in any capacity who do not respect the Code of Conduct may be asked to partake in a restorative justice process. This process is based on center policies and participant/member needs, regardless of income, age, gender, ethnicity, or race, and physical or mental ability, behavior, or lifestyle. Every attempt will be made to allow other center users involved to be equal partners in this process.

I have read and understand the above participation agreements and by my signature or entering my full name, do by agree to its terms.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Form must be fully completed and signed. Once complete, please submit at your preferred center.

