Participant # _____ Form C 2010

2010 HORIZONS ENROLLMENT FORM

AN AFFILIATE OF HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM

Riversedge North 2549 Virginia Beach Blvd., Ste. 200, Virginia Beach, VA 23454-2306 (757) 412-0249 Info@HorizonsHamptonRoads.org

Student's Name: _____
First Middle Last

T-Shirt Size: Youth-SM Youth-MED Youth-LG Adult-SM Adult-MED Adult-LG Adult-XLG Adult-XXL Adult-XXXL

Street Address: _____

City, State & Zip: _____

Home Phone: Cell Phone:

TRANSPORTATION, AGREEMENT, and RELEASE

In the morning, my student will arrive at the bus stop or at the Horizons site with: *Name(s) & Relationship*

_____

_____ Arrive at Site with an Adult (no bus use)

_____ Richard Bowling Elementary School

_____ Suburban Park Elementary School

_____ Tidewater Park Rental Office

In the afternoon, my student will be picked up from the bus stop or at the Horizons site with: *Name(s) & Relationship*

_____

_____ Depart Site with an Adult (no bus use)

_____ Richard Bowling Elementary School

_____ Suburban Park Elementary School

_____ Tidewater Park Rental Office

Please list the names of anyone to whom we **should NOT release** the Student: _____ check here if NONE

_____

(Note: Attach a certified copy of a court order to this form if you request no release to a birth parent)

I authorize pictures and quotations of my Student to be taken during HHR to be reproduced for use in media and publications of their choice without expectation of payment and without the need for further permission.

I give permission to HHR for my Student to participate in and be transported to/from field trips, including swimming, camping, and other special events taking place during the summer program.

I give permission for my Student to take part in all HHR summer program activities, including trips away from the school site premises, and hereby release Horizons Hampton Roads, Horizons Student Enrichment Program, and the site school from liability to me or to my Student for any loss or damage sustained by me or my Student because of an injury to my Student while attending HHR, during any HHR activity, or while being transported to/from the HHR site.

I give permission for my Student to be dropped off at his/her designated transport stop UNaccompanied or in the company of a named person NOT at lease 18 years of age, ONLY IF I have provided HHR with a specific, written, signed, and dated authorization stating that such unaccompanied drop or drop in the company of a named person less than 18 years of age is permitted. I understand that this practice is strongly DIScouraged by Horizons Hampton Roads and the bus transporters.

Horizons Hampton Roads, Inc. and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention, and if necessary, to transport my Student to the nearest hospital. At my expense, that hospital and its medical staff have my authorization to provide treatment, which deemed necessary for the well-being of my Student.

This permission to release information to Horizons Hampton Roads, Inc. about my Student is to be in effect until twelve (12) months after the conclusion of the summer program indicated above or until the date when my Student leaves the Virginia Beach, Norfolk, and/or Portsmouth Public School systems, whichever date occurs sooner.

Name of Person Completing this Form: _____

Relationship of this Person to Student: _____

SIGNATURE: _____ DATE: _____