

HERNDON PARKS & RECREATION DEPARTMENT

2024 CAMPER INFORMATION FORM

SELECT YOUR PARTICIPANTS PROGRAM(S)

AlphabEST

- 7/29-8/2: The Great Race!
- 8/5-8/9: Krazy Kinetic Parade!

Odyssey Counselor In Training (C.I.T.)

- 6/17-6/21
- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2
- 8/5-8/9

Dance Camp

- 7/8-7/12: Mouse House Music Party
- 7/15-7/19: Eras Extravaganza
- 7/22-7/26: Nutcracker in July
- 7/29-8/2: Hip Hop Dance Off
- 8/5-8/9: Broadway Babies

Herndon Odyssey

- 6/17-6/21
- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2
- 8/5-8/9
- 8/12-8/16: The Final Countdown

Herndon Odyssey - Extended Care

- 6/17-6/21
- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2
- 8/5-8/9

Junior Lifeguard Training

- 6/24-6/28
- 7/15-7/19

Magnus Chess Academy Tennis

- 7/22-7/26
- 8/12-8/16

Nature Camp

- 6/17-6/21: Branching Out
- 6/24-6/28: Beneath The Surface
- 7/1-7/5: Winging It
- 7/8-7/12: Adventure Skills
- 7/15-7/19: Forest Friends
- 7/22-7/26: Pollinator Palooza
- 7/29-8/2: Radical Reptiles and Amazing Amphibians
- 8/5-8/9: Planet Protectors

Teen Discovery

- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2

- 6/17-6/21
- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2
- 8/5-8/9

Tennis C.I.T.

- 6/17-6/21
- 6/24-6/28
- 7/1-7/5
- 7/8-7/12
- 7/15-7/19
- 7/22-7/26
- 7/29-8/2
- 8/5-8/9

PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	NICKNAME	AGE	BIRTH DATE (MM/DD/YYYY)
ADDRESS (STREET, CITY, ZIP CODE)				
SCHOOL PARTICIPANT ATTENDS		GRADE AS OF 2024-25 SCHOOL YEAR		
To ensure the best possible experience, tell us about your child. Include any emotional, behavioral, physical, or developmental challenges.		Please list any allergies		
		<p>NOTE: Any medication(s) to be administered during program hours requires a separate medication permission form.</p> <p>I give permission for my child to swim at the indoor facilities at the Herndon Community Center under the supervision of the staff and lifeguards. <i>Not all camps will go swimming.</i> <input type="radio"/> yes <input type="radio"/> no</p>		

BOTH PAGES OF THIS FORM MUST BE FULLY COMPLETED AND RETURNED TO THE DEPARTMENT PRIOR TO CHILD(REN) ATTENDING CAMP.

Herndon Parks and Recreation Department

Mailing Address

777 Lynn Street
Herndon, VA 20170

Physical Address

814 Ferndale Avenue
Herndon, VA 20170

herndon.camps@herndon-va.gov

703-787-7300

herndon-va.gov/recreation

LAST NAME	FIRST NAME	NICKNAME	AGE	BIRTH DATE (MM/DD/YYYY)

GUARDIAN INFORMATION

GUARDIAN 1: NAME	RELATIONSHIP (TO CHILD)	PHONE NUMBER (PREFERRED)	DO YOU HAVE LEGAL CUSTODY? <input type="radio"/> yes <input type="radio"/> no
ADDRESS (STREET, CITY, ZIP CODE)			
PLACE OF EMPLOYMENT	ADDITIONAL PHONE	EMAIL ADDRESS	
GUARDIAN 2: NAME	RELATIONSHIP (TO CHILD)	PHONE NUMBER (PREFERRED)	DO YOU HAVE LEGAL CUSTODY? <input type="radio"/> yes <input type="radio"/> no
ADDRESS (STREET, CITY, ZIP CODE)			
PLACE OF EMPLOYMENT	ADDITIONAL PHONE	EMAIL ADDRESS	

EMERGENCY CONTACTS [REQUIRED] OTHER THAN GUARDIANS. MUST BE AVAILABLE DURING CAMP HOURS.

EMERGENCY CONTACT 1: NAME	RELATIONSHIP (TO CHILD)	PHONE NUMBER (PREFERRED)	ADDITIONAL PHONE
ADDRESS (STREET, CITY, ZIP CODE)			
EMERGENCY CONTACT 2: NAME	RELATIONSHIP (TO CHILD)	PHONE NUMBER (PREFERRED)	ADDITIONAL PHONE
ADDRESS (STREET, CITY, ZIP CODE)			

AUTHORIZED PICK-UP PERSONS, IN ADDITION TO THE CONTACTS LISTED ABOVE, WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD

NAME	PHONE
NAME	PHONE
NAME	PHONE

RECREATION CONSENT: I realize that participation in recreational activities and transportation to and from these activities, if provided through this program, may involve risk. I consent to participate in these activities, and I assume this risk. I realize that I may consult my physician concerning my fitness to participate. I give the town of Herndon's employees, officers, agents, and volunteers on behalf of the town, authority to administer or to procure for me any medical attention they may deem necessary if I am injured while participating in these activities. I am signing and returning this form to the Town of Herndon in consideration of the town providing the opportunity to participate in these activities. If I am a minor, my parent or guardian is signing this for me. Participants in activities sponsored or co-sponsored by the Parks & Recreation Department consent to the department's use of any photograph, film or image of the activity in any marketing or promotional materials.

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN

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