



DPR Play Day Registration Form – Friday, October 30, 2009

DC Department of Parks and Recreation ~ 3149 16th Street NW Washington, DC 20010 ~ 202.673-7647

Please check the site you would like your child to attend (addresses listed on back):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Bald Eagle | <input type="checkbox"/> Fort Davis | <input type="checkbox"/> Palisades | <input type="checkbox"/> Takoma |
| <input type="checkbox"/> Banneker | <input type="checkbox"/> Fort Stanton | <input type="checkbox"/> Parkview | <input type="checkbox"/> Trinidad |
| <input type="checkbox"/> Chevy Chase | <input type="checkbox"/> Hillcrest | <input type="checkbox"/> Payne | <input type="checkbox"/> Turkey Thicket |
| <input type="checkbox"/> Columbia Heights | <input type="checkbox"/> Kennedy | <input type="checkbox"/> Ridge Road | <input type="checkbox"/> Volta Park |
| <input type="checkbox"/> Edgewood | <input type="checkbox"/> King Greenleaf | <input type="checkbox"/> Riggs-LaSalle | <input type="checkbox"/> Watkins |
| <input type="checkbox"/> Emery | <input type="checkbox"/> Lamond | <input type="checkbox"/> Sherwood | |
| <input type="checkbox"/> Ferebee-Hope | <input type="checkbox"/> North Michigan Park | <input type="checkbox"/> Stead | |

Participant Information

Name: _____ Date of Birth: _____

Address: _____

School: _____ Student ID: _____ Grade: _____

Contact Information

Parent/Guardian Name: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Phone: _____ Email: _____

Pick-up Information

- Please check all options that apply:

- My child may be picked up by me and any of the following people listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

- My child may walk home alone upon dismissal or at the following time: _____ am/pm

Release Information

- Please read the following statement and sign on the line below it:

I hereby give permission for my child to participate in DPR Play Day activities sponsored by the DC Department of Parks and Recreation (DPR). My signature below certifies that all information contained in my child's registration form is correct and true and affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote, and publicize DPR programs.

Parent/Guardian Signature: _____ Date: _____



DPR Play Day Registration Form – Friday, October 30, 2009

DC Department of Parks and Recreation ~ 3149 16th Street NW Washington, DC 20010 ~ 202.673-7647

DPR Play Day Locations

*All DPR sites will host a variety of academic, athletic, and enrichment opportunities for your child. Several sites will include special activities off-site.

- Please note that breakfast and lunch will be provided for all students;
- Remember to wear your gym shoes in order to participate in our athletic activities;
- Children are encouraged to bring a costume to change into for the afternoon Costume Party!

Name of Center	Ward	Address	Phone
Banneker	1	2500 Georgia Ave NW	(202) 673-6861
Columbia Heights	1	1480 Girard St NW	(202) 671-0373
Parkview	1	693 Otis Pl NW	(202) 576-5750
Kennedy	2	1401 7th St NW	(202) 671-4794
Stead	2	1625 P St NW	(202) 673-4465
Volta	2	1555 34th St NW	(202) 282-0380
Chevy Chase	3	5601 Connecticut Ave NW	(202) 282-2204
Palisades	3	5200 Sherrier Pl NW	(202) 282-2186
Emery	4	5801 Georgia Ave NW	(202) 576-3211
Lamond	4	20 Tuckerman St NE	(202) 576-9541
Riggs-LaSalle	4	501 Riggs Rd NE	(202) 576-5224
Takoma	4	300 Van Buren St NW	(202) 576-7068
Edgewood	5	Third & Everts St NE	(202) 576-6410
North Michigan Park	5	1333 Emerson St NE	(202) 541-3526
Trinidad	5	1310 Childress St NE	(202) 727-1293
Turkey Thicket	5	1100 Michigan Ave NE	(202) 576-9238
King Greenleaf	6	201 N St SW	(202) 645-7454
Sherwood	6	640 10th St NE	(202) 698-3075
Watkins	6	420 12th St SE	(202) 724-4468
Payne	6	305 15 th St SE	(202) 698-3262
Fort Davis	7	1400 41st St SE	(202) 645-9212
Hillcrest	7	3100 Denver St SE	(202) 645-9200
Ridge Road	7	800 Ridge Road SE	(202) 645-3959
Bald Eagle	8	100 Joliet St SW	(202) 645-3960
Ferebee-Hope	8	3999 8th St SE	(202) 645-3917
Fort Stanton	8	1812 Erie St SE	(202) 645-3970

Please return this form to the recreation center where you would like your child to attend. You may also register online at

<http://www.dpr.dc.gov>.



District of Columbia Department of Parks and Recreation Parent Consent Form

Field Trip – DPR Play Day Costume Party/Haunted House Celebration

Date – Friday, October 30, 2009

Departure Time – 12:00PM

Return Time – 5:00PM

I, the parent of _____ understand the purposes of, and procedures governing, all DPR-sponsored trips and that the trips may involve transportation by car, van, bus or other vehicle. I understand that my child/ward's participation is voluntary and hereby grant permission for my child/ward to participate. I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are often not reasonably within the control of the supervising staff (including volunteers). I further agree to release, discharge, indemnify and hold harmless the District of Columbia, the DC Department of Parks and Recreation, and its agents, officers, employees, contractors, and volunteers, from any and all liabilities, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) directly or indirectly arising from or connected in any way to any trip, including any accident, injury to, or loss of property by, my child/ward and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising staff (including volunteers) to attend to my child/ward. If the injury warrants further medical attention, I understand that the DC Department of Parks and Recreation will attempt to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission to the DC Department of Parks and Recreation and medical personnel for any necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on any trip and I cannot be located.

In the event that a participant must return to a DC Parks and Recreation facility/recreation site independently for reasons of health, accident, failure to conform to rules established by the staff in charge, etc., I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses caused by such event.

Child's Name (Please print) Child's Date of Birth

Parent or Guardian (printed) Parent or Guardian (signed) Date

Home Phone _____ Work Phone _____ Cell Phone _____

Please check below if your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other (please list): _____

Required medications*: _____

Please check below if your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition (please list): _____

Required medications*: _____

Any other medications*: _____

* If ordered by the participant's physician, an EpiPen must be provided for all field trips.