

RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM

Participant Name	First					Last				
Home Address										
City					State		Zip			
Phone	Home					Cell				
Birthday			/		/					
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female								

Emergency Contact Information

Contact #1 (Name): _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Contact #2 (Name): _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
Contact #3 (Name): _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Contact #4 (Name): _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Additional Questions

- Yes No Does the participant have any allergies? If yes, please specify: _____
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- Attached What should be done if participant comes into contact with an allergen? (Please attach instructions in a letter.)
- Yes No Does the participant require any special accommodations? (Please attach instructions in a letter.)
- Yes No Does the participant take medications? (If participant is under 18, please submit the Medication Authorization Form.)
- Yes No Can your camper swim? If yes, how well?
- No swimming skills – Beginner Swims a little, but not in deep water Swims fairly well – Can swim across the pool on their own
- Has been on swim team/Dives into deep water

Medical Treatment Authorization

I give permission to the medical provider selected by Reston Community Center to secure the administration of necessary medical treatment in case of an emergency. I also understand that any medical expenses incurred will be my responsibility. In case of an emergency, Reston Community Center will use the closest available emergency facility.

Parent or Guardian Signature: _____ Date: _____



Reston Community Center Hunters Woods
2310 Colts Neck Road • Reston, VA 20191

Reston Community Center Lake Anne
1609-A Washington Plaza • Reston, VA 20190

703-476-4500, TTY 711 • 703-476-2488 (FAX)

