



# MONTGOMERY VILLAGE FOUNDATION, INC.

10120 APPLE RIDGE ROAD  
MONTGOMERY VILLAGE, MARYLAND 20886-1000

(301) 948-0110 FAX (301) 990-7071 www.montgomeryvillage.com

## PERMISSION TO PARTICIPATE IN MONTGOMERY VILLAGE FOUNDATION, INC. PROGRAM

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give him/her permission to participate in the following described program to be conducted by Montgomery Village Foundation, Inc., its agents, employees and staff for **North Creek Summer Club 2018** including one local off-site field trip (to be determined) with bus transportation.

This permission includes my consent to the following *(please initial to complete consent)*:

\_\_\_\_\_ He/she may be transported in vehicles operated by or on behalf of Montgomery Village Foundation, Inc. and its personnel.

\_\_\_\_\_ He/she may be administered necessary emergency medical treatment in the event of an accident or injury. Due to Federal regulations, persons involved in a biting incident or injury involving an exchange of bodily fluids may be required to be tested for blood borne pathogens.

\_\_\_\_\_ He/she may have his/her (photo/likeness) used in the MV News/Recreation Guide; website and/or Facebook page.

### In the event of an emergency the following persons are to be contacted:

NAME

PHONE NUMBER

ADDRESS

NAME

PHONE NUMBER

ADDRESS

I am aware of the potential risks that may be associated with the above activity. In consideration of \_\_\_\_\_'s being allowed to participate in this program, for myself and as his/her parent/guardian and on his/her behalf, I hereby release Montgomery Village Foundation, Inc., its agents, employees and staff for any injury or damage which may befall him/her while he/she participates in this program, including all risks connected therewith, whether foreseen or unforeseen, and further I save and hold harmless Montgomery Village Foundation, Inc., its agents, employees and staff from any claim arising out of his/her participation in this program by his/her family, estate, heirs, representatives, or assigns. I understand and agree that Montgomery Village Foundation, Inc., its agents, employees and staff may not be held liable in any way for any occurrence in connection with the above program which may result in injury, death or other damages to him/her, or his/her family, heirs, representative or assigns.

While I understand that Montgomery Village Foundation and its employees will make every effort to see that North Creek Summer Club swim program is conducted in a safe manner, I understand that there are inherent risks (including drowning/death) associated with swimming in general. Therefore, I am giving my permission for my child to participate in the swim program with that knowledge.

**IN WITNESS WHEREOF**, I have executed this permission on \_\_\_\_\_, 2018.

NAME

PHONE NUMBER



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## RELEASE AUTHORIZATION

Child's Name: \_\_\_\_\_

Program Attending: \_\_\_\_\_

MVF staff assumes that you will keep this list current, and that they are fully authorized to release your child to anyone listed until you remove the name from the list.

Montgomery Village Foundation staff has permission to release my child named above to the following people:

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*E-mail for program communication \_\_\_\_\_

List below any other adult who may pick up child - include all adults in your carpool. (List any additional people on back.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If an occasional situation arises under which a parent would like their child released to a person who is **not** listed on this release form, the parent **must present written permission to MVF staff at the beginning** of that day. Under no circumstance can MVF staff accept verbal permission either in person or by phone, nor may they release the child to ANYONE not named in writing.

I understand that MVF staff may request I.D. be shown if they do not know the individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PARENTAL AUTHORIZATION TO BRING AND APPLY SUNSCREEN/BUG REPELLENT

Please complete and return this authorization form to your child's program director. This form must be on file with the director by the first day of the summer session your child is attending.

Montgomery Village Foundation Department of Recreation and the Maryland Department of Health and Mental Hygiene require a signed parental authorization for participants to self-apply sunscreen and/or bug repellent. MVF does not provide sunscreen or bug repellent to campers and MVF staff is not permitted to apply sunscreen or bug repellent to campers. Sunscreen and/or bug repellent must be sent to camp in the original container and be labeled with your child's name.

***\*By signing this sunscreen authorization form, I agree to allow my child to bring sunscreen and/or bug repellent to the North Creek Summer Club labeled with his/her name and to self-apply the sunscreen and/or bug repellent named below. I understand that MVF staff is not permitted to apply sunscreen to campers.***

Campers Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Brand of Sunscreen: \_\_\_\_\_

Brand of Bug Repellent: \_\_\_\_\_



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## MONTGOMERY VILLAGE FOUNDATION SUMMER PROGRAMS

We believe that appropriate behavior skills from every program participant are necessary in order to provide a safe and positive atmosphere. Clear guidelines for behavior help participants know what is expected of them and to act accordingly. Please help your child read and understand the following expectations for behavior so that everyone will have an enjoyable summer experience in MVF programs:

Participant's Name: \_\_\_\_\_

The following expectations for behavior are based on the premise that we should treat others as we would like to be treated:

1. I will listen and not interrupt when others speak.
2. I will follow directions the first time they are given.
3. I will speak respectfully, not using inappropriate language, to staff and other participants.
4. I will be careful with property which is not mine and report any damage immediately.
5. I will keep my hands, feet, and other objects to myself.
6. I will stay with my group or in the program area until a counselor dismisses me.
7. I will not bring anything to camp which might hurt me or someone else - like alcohol, drugs or weapons.

MVF is not responsible for participant's personal items, including cell phones and games. Please do not bring cell phones to the program. If required for parent/guardian communication, they will be kept in the participant bags during program activities.

Signature of Participant: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Parent/Guardian signature acknowledges that the above guidelines have been reviewed and understood with the participant named above.



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## SUMMER PROGRAM REFUND POLICY

Please read and keep on file for your information.

Except in the case of sudden illness, cancellations/requests for refund must be received **in writing and prior to the first day of the session** in question, in order to be considered.

Refunds will be made **only** under the following circumstances:

1. Cancellation of a program by the Montgomery Village Foundation.
2. Extended illness (doctor's certificate required).
3. Permanent relocation of participant out of Montgomery Village.
4. Failure to meet camp/program prerequisites.
5. MVF changes made to the meeting time/location, which prohibit participant's attendance.

**Refund requests which are based on personal reasons including vacationing will only be granted if MVF is able to fill the requestor's spot in his or her camp with another paying participant.** Absolutely no refunds will be granted once half of the program session has been concluded - no exceptions.

Except in the case that MVF cancels or changes the time/location of a program, a \$25 non-refundable deposit included in the registration fee **will be held by MVF** in the event that a refund is granted.

### **Inter/Intra-program Transfers:**

Requests from participants to transfer from one MVF program to another MVF program or to a different session of the same MVF camp will be accommodated if there are openings available. A \$10 fee will be charged for this service.

For further information, please call 301-948-0110, Monday through Friday from 9:00 a.m. until 4:30 p.m.