



DEPARTMENT OF PARKS AND RECREATION

Community Recreation Division, Therapeutic Recreation Office

Langston Brown Community Center 2121 N Culpeper St, Arlington, VA 22207

TEL 703-228-4740 • FAX 703-228-4877 • TTY Relay 711 • TRinfo@arlingtonva.us

Please note: If you are registering your participant for a contracted camp we recommend you speak to them first in order for you to get a better understanding of program life, areas of support needed for your participant, and how the program staff will provide support. If the contractor would like support from the Therapeutic Recreation Office we will be happy consult with them with permission from this form.

Release of Information Form

I, _____ am enrolling _____ in
(Parent/Guardian) (Participant)

_____, during the _____. I hereby give the Therapeutic Recreation
(Name of program) (Season or week #)

Office of Arlington County my permission to share the following information (electronically or verbally) with the program listed above or below with the understanding that this information will be used to plan appropriate activities for my participant. Please check all that apply:

- Participant Modification Plan
- Past program experiences
- Recommendations for support (i.e., does not require additional staff, needs a specific modification, lowered ratio, 1:1, etc.)

If your participant is enrolling in more than one Arlington County Program, please list all programs below that you are granting permission for the Therapeutic Recreation Office to share information with.

Name of program: _____ Season or Week # _____

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Name of program: _____ Season or Week # _____

Name of program: _____ Season or Week # _____

Name of program: _____ Season or Week # _____

Name of program: _____ Season or Week # _____

Parent/Guardian Signature: _____ (Date)