

RESTON COMMUNITY CENTER

Class/Trip/Camp/Volunteer/Pass Registration Form

USE ONE FORM PER HOUSEHOLD (ONLY FAMILY MEMBERS RESIDING AT THE SAME ADDRESS) • PLEASE PRINT

Adult Name		First						Last									
Home Address																	
City			State						Zip								
Phone		Home						Cell									
Emergency																	
New Address?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Resident of Small District 5?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Work in Small District 5?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, provide business address																	
E-Mail Address																	
ACTIVITY NUMBER						PARTICIPANT'S FIRST NAME			PARTICIPANT'S LAST NAME			DATE OF BIRTH	SEX	ACTIVITY NAME			REG. FEE
-																	
-																	
-																	
-																	
-																	
-																	
-																	
<i>Please attach an additional form if you need more space</i>												TOTAL FEES: \$					

PLEASE NOTE: Please do not make changes to this paragraph. Participation in RCC programs is contingent on all the following conditions.
 I recognize that there may be inherent risks in participating in programs and activities being offered by Reston Community Center ("RCC"), and I understand that RCC strongly recommends that any person participating in any such program or activity should be covered by insurance while participating in any such program. By my signature below, I agree to assume all of the risks and accept personal responsibility for any damages or medical expenses following any injury, permanent disability, or death that may result from my participation. By my signature below, I agree to waive any and all claims for liability against RCC, the Governing Board of RCC, the Board of Supervisors of Fairfax County, Fairfax County, their officers, employees, volunteers, and agents, and I agree to hold such entities and persons harmless from any and all property damage or injury, permanent disability, or death that may result from my participation. If I am registering a child, by my signature below, I represent that I am the parent/legal guardian of the child being enrolled and that I am making the representations stated above on behalf of that child. I also recognize that employees of RCC and/or the County may take and edit photographs and/or video tapes of RCC programs for either archival or public relations purposes. By my signature below, I acknowledge and agree that any such photographs and/or videos are the property of RCC and/or the County, that any such photos and/or videos may be used in the publications of RCC and/or the County without compensation to me, and that any such photos and/or videos may be subject to the Virginia Freedom of Information Act and other applicable laws. By my signature below, I acknowledge and agree to the RCC refund and cancellation policy.

SIGNATURE: _____ DATE: _____

Payment Information Only – No Other Information Below	
DATE STAMP (RCC Staff)	

CREDIT CARD INFORMATION

FORM OF PAYMENT

CARD HOLDER'S NAME: _____

CHARGE: MASTERCARD VISA DISCOVER **EXP. DATE:** _____

ACCOUNT #: _____

SIGNATURE: _____

Registration/Pass Refunds: Written request required. If received 14 days or more in advance: 20% processing fee for classes, work-shops; 50% for trips. Less than 14 days requires replacement registration to be approved (less applicable processing fee).
 Pass refunds pro-rated minus 20% processing fee. No refunds for fees under \$10.

CASH MONEY ORDER

CHECK CREDIT CARD (VISA/MC/DISCOVER)

OTHER _____

RESTON COMMUNITY CENTER

Class/Trip/Camp/Volunteer/Pass Registration Information

REGISTRATION SCHEDULE

Fall: August 1 Reston/August 8 Non-Reston	Winter/Spring: December 1 Reston/December 8 Non-Reston
Summer Camp: February 1 Reston/ February 8 Non-Reston	Summer: May 1 Reston/May 8 Non-Reston

SMALL DISTRICT 5

- Reston residents and employees in Small District 5 are eligible for priority registration and reduced program rates.
- Residency status is determined by whether the patron resides or works within the boundaries of Small District 5 using Fairfax County's Tax Administration site. A map of small district 5 is located on our website.

PRIORITY RESTON REGISTRATION

- Priority registration for Small District 5 Reston residents and/or employees will be the 1st-7th of each scheduled registration month.
- RCC will not process your payment until your enrollment has been confirmed.

NON-RESTON REGISTRATION

- Non-Reston registration follows the end of priority Reston registration.

PROGRAM FEES, PASSES

- Program fees are listed in this guide as Reston/Non-Reston (e.g., \$35/\$70).
- Patrons 55 years and older receive a 20% discount on class fees (except in cases where the class fee is payable to someone other than RCC). This discount does not apply to 55+ programs or trips, Adult & Family trips, or drop-in programs.
- Patrons under age 55 can register for 55+ programs or trips if space is available after priority Reston registration. Program fees will be doubled.
- All passes will expire 2 years from date of purchase, with the exception of 3-month and 12-month pool pass.

REGISTRATION FORM

- Family members living in the same household should complete a single Class, Trip, Camp, Volunteer, Pass registration form.
- Patrons residing in separate households who wish to enroll in the same class must complete separate registration forms and staple them together.
- Patrons may also register online when online registration opens.

PAYMENT

- Payment is required upon registration.
- Pay by cash, check (payable to Reston Community Center), money order, MasterCard, VISA or Discover.
- Cash payments cannot be accepted during Reston priority registration.

CONFIRMATION

- Registration confirmations will be emailed.
- The confirmation will indicate if you are enrolled or waitlisted.

CLASS CANCELLATION

- If the minimum enrollment has not been met seven days before the class starts, RCC reserves the right to cancel the class.
- A full refund will be issued if the class is canceled by RCC.
- RCC reserves the right to substitute instructors without notice.

REFUND/CANCELLATION POLICY

- Written refund requests received 14 days or more prior to the start of a class or camp will receive a full refund less a 20% processing fee (50% for trips).
- Refund requests received less than 14 days before the start of a class or camp will be granted (less a 20% processing fee) only if another registration is received in its place (less a 50% processing fee for trips).
- Refunds for a pass will be prorated to the purchase date and then subjected to a 20% processing fee.
- No refunds are given for any class, trip, camp or pass with a fee of \$10 or less.
- Refunds will be issued to the original credit card or by check from Fairfax County if the original payment was cash or check.

INCLEMENT WEATHER POLICY

In the event of inclement weather, we advise our patrons and rental clients to call us at 703-476-4500 for the most complete and up-to-date information.

PATRON HEALTH AND SAFETY

Patrons showing signs of a communicable disease or illness including vomiting, diarrhea, or a temperature of over 100 degrees should remain at home.

ADA ACCOMMODATIONS

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a Reston Community Center program, service, or activity, should contact the ADA representative, Pam Leary, as soon as possible but no later than 48 hours before the scheduled event. Please note that accommodations that require staffing and/or transportation alterations may require up to 10 days advance notice. To request a reasonable accommodation, please call 703-476-4500 or 800-828-1120 (TTY).

PATRON SATISFACTION

Our goal is to make your experience at a RCC a positive one. Please let us know if you have any concerns or issues.

4 EASY WAYS TO REGISTER:

By Fax: 703-476-2488 • Online: www.restoncommunitycenter.com • In Person
By Mail: Reston Community Center, 2310 Colts Neck Rd, Reston, VA 20191



RESTON COMMUNITY CENTER CAMP PROGRAM GUIDELINES AND REQUIREMENTS

PLEASE PRINT

Child Name	First										Last								
Age																			

CHECK ALL CAMPS THAT APPLY

Arts Education	Youth	Teen
<input type="checkbox"/> LARK	<input type="checkbox"/> Camp Goodtimes on the Road	<input type="checkbox"/> Road Rulz
<input type="checkbox"/> Spring Into LARK	<input type="checkbox"/> Winter Break Fun Zone	<input type="checkbox"/> Spring Into Road Rulz
<input type="checkbox"/> Young Actors Theatre (YAT)	<input type="checkbox"/> Spring Break Fun Zone	<input type="checkbox"/> Fun Fusion Days
<input type="checkbox"/> Specialty Camps (Please List)		

ADDITIONAL QUESTIONS

NICKNAMES

What is the name your child goes by: _____

SUNSCREEN/BUG SPRAY

I understand that sunscreen should be applied before arrival at camp. I have reviewed how to apply sunscreen and bug spray with my child and authorize him/her to re-apply as needed. (Please note: Participant should provide his or her own sunscreen and bug spray.)

Yes No

CAMP GOODTIMES PARTICIPANTS

Please check the appropriate T-shirt size:

Youth Small
 Youth Medium
 Youth Large
 Youth X-Large
 Adult Size _____

YAT PARTICIPANTS

Please indicate (print clearly) how you would like your child's name to be printed in the official program:

RCC USE ONLY
DATE STAMP



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)



RESTON COMMUNITY CENTER CAMP PROGRAM GUIDELINES AND REQUIREMENTS

CODE OF CONDUCT FOR ALL PARTICIPANTS

Signatures of the participant and the parent are required affirming both have read and agree to abide by all elements of the Code of Conduct below and the RCC's General Code of Conduct posted in our buildings.

PARENT REQUIREMENTS

- Provide all required documentation and forms by the deadline or the space for your child/ren will be forfeited.
- Sign in and sign out child/ren per age guidelines and program requirements on time and with any required identification. Penalty fees will be applied for late pickups and participants may miss key program elements such as field trips if they are not brought to program sites on time.
- Alert the program director if participant(s) will not be attending prior to the start time of the day's program activities.
- Support the behavior requirements of the Code of Conduct.
- Pick up or arrange for authorized person(s) to pick up a sick participant as soon as possible after being notified the participant is ill.
- Pick up or arrange for authorized person(s) to pick up a participant as soon as possible if the participant's conduct is disrupting activities or he/she has been dismissed from the program.
- Pick up or arrange for an authorized person to pick up participant on time each day.

PARTICIPANT REQUIREMENTS

- At all times, participants in RCC programs must abide by RCC's General Code of Conduct, and must treat all staff, participants and all others in program areas, with respect.
- Participants will treat others as they would want to be treated.
- Participants will follow instructions given by program leaders.
- Participants will maintain personal hygiene, wear safe and suitable clothing, and remain with their program group.
- For safety reasons, participants should wear closed-toe shoes, and refrain from wearing sandals, heeie wheelies, Crocs (or similar footwear) and jewelry while participating in RCC programs.
- In order to guard against loss, participants must not bring valuables such as iPods, gaming systems or other expensive items. RCC is not responsible for personal property of participants.
- Eating and drinking will be permitted only in designated areas.
- Due to individual allergy sensitivities, participants are prohibited from sharing food and drink under any circumstances.
- Participants will not borrow money from other participants; should the need arise, staff will make appropriate arrangements.

GROUNDS FOR DISMISSAL

- Possession of any item used as a weapon, and/or physical attack upon another person.
- Harassment, verbally abusive language or similarly aggressive behavior toward any participant, staff member, or member of the general public. This includes inappropriate and/or unwanted touching.
- Vandalism, destruction of property or proven theft by any participant.
- Possession of any alcohol, tobacco, pharmaceutical or other unauthorized drug or substance by a participant.
- Repeated violations of participant or parent requirements above.

SIGNATURES

Signatures of both the parent and participant below signify agreement to abide by these requirements.

SIGNATURE OF PARENT: _____ **DATE:** _____

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM

Participant Name	First																			Last																			
Home Address																																							
City																																							
Phone	Home																																						
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: _____
-
- 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: _____



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RESTON COMMUNITY CENTER DROP-OFF/PICK-UP INFORMATION FORM

PLEASE PRINT

Child Name	First										Last								
Age																			

CAMPERS SHOULD NOT BE DROPPED OFF PRIOR TO CAMP START TIME

AUTHORIZATION TO PICK UP CHILD

<p style="text-align: center;">Persons Authorized to Pick Up:</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">Persons NOT Authorized to Pick Up:</p> <hr/> <hr/> <hr/> <hr/>
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HOW WILL YOUR CHILD ARRIVE AND DEPART FROM CAMP

- _____ My child may NOT arrive or depart with anyone other than myself or authorized escorts.
- _____ My child has permission to arrive/depart from RCC Programs without an escort (not applicable to those 12 years or under).
I understand that RCC accepts no responsibility for the safe arrival or departure of my child if I elect not to provide an escort.

My child has permission to use (You may select multiple options): Public Transportation Bicycle Walking

LATE FEES

Campers must be picked up promptly at the end of their registered camp or aftercare program. If a child is not picked up on time, a per-child late fee of \$5.00 for every 15 minutes will be assessed. Payment is due upon pickup and must be paid at the RCC customer service desk before leaving.

If a child is not picked up within 15 minutes of the end of the camp program, parents/guardians will be called. If they cannot be contacted, emergency contacts will be called. If contact cannot be made with parents, guardians or emergency contacts within 30 minutes of the scheduled pickup time, RCC staff will notify the proper authorities.

PARENT/GUARDIAN SIGNATURE

SIGNATURE: _____ **DATE:** _____



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