

Reston Community Center Aquatics Registration Form

- Select up to three choices per session and up to four different sessions per form.
- If a class section, and all choices are full, your name will be placed on a waiting list for your first choice for that session.
- Patrons are encouraged to register for as many sessions as desired. Patrons should enroll at the same level for all sessions.
- Please note: Absences and personal scheduling conflicts are not reimbursable.

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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| PARTICIPANT'S FIRST NAME | | | | | | | | | | PARTICIPANT'S LAST NAME | | | | | | | | | | DATE OF BIRTH | | | | SEX | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

| SESSION DATE: | | | | |
|---------------|-----------------|------------|-----|--|
| | ACTIVITY NUMBER | CLASS NAME | FEE | |
| CHOICE 1 | | | | |
| CHOICE 2 | | | | |
| CHOICE 3 | | | | |

| SESSION DATE: | | | | |
|---------------|-----------------|------------|-----|--|
| | ACTIVITY NUMBER | CLASS NAME | FEE | |
| CHOICE 1 | | | | |
| CHOICE 2 | | | | |
| CHOICE 3 | | | | |

| SESSION DATE: | | | | |
|---------------|-----------------|------------|-----|--|
| | ACTIVITY NUMBER | CLASS NAME | FEE | |
| CHOICE 1 | | | | |
| CHOICE 2 | | | | |
| CHOICE 3 | | | | |

| SESSION DATE: | | | | |
|---------------|-----------------|------------|-----|--|
| | ACTIVITY NUMBER | CLASS NAME | FEE | |
| CHOICE 1 | | | | |
| CHOICE 2 | | | | |
| CHOICE 3 | | | | |

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 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 acknowledge and agree that RCC, the Governing Board of RCC, the Board of Supervisors of Fairfax County, the employees of RCC and Fairfax County, together with the volunteers assisting RCC and the County, are protected against claims for liability by the doctrine of sovereign immunity, and I agree to hold such entities and persons harmless from any and all property damage or bodily injury 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. Finally, by my signature below, I acknowledge and agree to the RCC refund and cancellation policy.

SIGNATURE: _____ **DATE:** _____

| | |
|--------------|--|
| RCC USE ONLY | |
| DATE STAMP | |

| CREDIT CARD INFORMATION | FORM OF PAYMENT |
|---|--|
| CARD HOLDER'S NAME #: _____ CHARGE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER EXP. DATE: _____ ACCOUNT #: _____ SIGNATURE: _____ <small>Registration/Pass Refunds: Written request required. If received 14 days or more in advance: 20% processing fee for classes, workshops; 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. More info on reverse.</small> | <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD (VISA/MC/DISCOVER) <input type="checkbox"/> OTHER _____ |

Reston Community Center Aquatics Registration Form

REGISTRATION SCHEDULE

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|--|--|
| 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

- Program fees are listed in this guide as Reston/Non-Reston (e.g., \$35/\$70).
- Patrons ages 55 and older receive a 50% discount on Aquatics class fees only. This discount does not apply to Water Aerobics drop-in classes or to already discounted gate fees.

REGISTRATION FORM

- Use one Aquatics registration form to enroll each student.
- 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, Discover or VISA.
- 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 7 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.

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.

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).
- No refunds are given for any class 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.

DAILY FEES, PASSES

- Pool fees are listed as Reston, Fairfax County resident and non-Fairfax County resident.
- Daily fees are non-refundable.
- Daily visit swim passes will be issued for any facility closure or interruption.
- Closures due to acts of nature (lightening, storms, floods, etc.) are non-refundable.
- Refunds for a pass will be prorated to the purchase date and then subjected to a 20% processing fee.
- If the prorated balance is less than \$10, no refund is made.
- All passes will expire 2 years from date of purchase, with the exception of 3-month and 12-month pool passes.

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

- Children under the age of 3 and any patrons diagnosed with incontinence are required to wear plastic pants underneath swim apparel.
- Any patron experiencing diarrhea within 48 hours is not permitted in the pool or spa.
- Patrons suffering from discolored nasal discharge, open wounds, chicken pox, ringworm, etc. are not permitted in the pool or spa.

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, TTY 711.

4 EASY WAYS TO REGISTER:

By Fax: 703-476-0563 • Online: www.restoncommunitycenter.com • In Person
By Mail: Reston Community Center, 2310 Colts Neck Rd, Reston, VA 20191

