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?	❑ Yes	❑ No	Resident of Small District 5?	❑ Yes	❑ No	Work in Small District 5? ❑ Yes ❑ 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
-						
-						
-						
-						
-						
-						
-						
-						
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Please attach an additional form if you need more space					**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 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:**_____

Payment Information Only – No Other Information Below

DATE STAMP (RCC Staff)

CREDIT CARD INFORMATION

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, 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.

FORM OF PAYMENT

☐ **CASH** ☐ **MONEY ORDER**

☐ **CHECK** ☐ **CREDIT CARD (VISA/MC/DISCOVER)**

☐ **OTHER**_____

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)

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