

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 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 _____