

CITY OF FAIRFAX PARKS AND RECREATION DEPARTMENT

“Amazing Experiences!”

Administration Office

10455 Armstrong Street Phone: 703-385-7858
 Fairfax, VA 22030 Fax: 703-246-6321
 www.fairfaxva.gov ParksRec@fairfaxva.gov

PARENT/GUARDIAN/PRIMARY HOUSEHOLD CONTACT INFORMATION

LAST NAME		FIRST NAME		HOUSEHOLD E-MAIL	
ADDRESS		CITY		STATE	ZIP
()	()	()			
HOME PHONE	CELL PHONE	OTHER PHONE NUMBER			
EMERGENCY CONTACT NAME		RELATION	EMERGENCY CONTACT NUMBER		RELATION

CHECK IF YOU ARE A CITY OF FAIRFAX RESIDENT

PARTICIPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	GRADE	PROGRAM TITLE	SESSION	FEE

In consideration of the registrant being granted permission by the City of Fairfax, Virginia to participate in this program and associated activities. I hereby release the City of Fairfax, Virginia and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the registrant's participation. I authorize the City of Fairfax and its officials, employees, agents and volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and/or rescue squad and authorize the same to effect such treatment of the registrant as they deem advisable. Participants in activities sponsored or cosponsored by the Park and Recreation Department consent to the department's use of any photograph, in film or videotape of the activity in any marketing or promotional materials. I further understand that Parks and Recreation classes are to be enjoyed by all from youth through adults. Participants that continually disrupt the class and/or program experience for others will be asked to withdraw from the class and/or program with expectation of a refund, if applicable, for the balance of the class/and or program.

PRINT NAME _____

PARTICIPANT/PARENT OR LEGAL GUARDIAN SIGNATURE (All participants over 18 years of age must sign this registration form.) _____ DATE _____

PAYMENT METHOD AmEx Discover MasterCard Visa Cash Checks (Please make check payable to City of Fairfax.)

CREDIT CARD OR CHECK NUMBER	EXP DATE	CSV/SECURITY CODE	TOTAL FEE

CARD SIGNATURE _____

REGISTRATION