RCC CLASS/TRIP/WORKSHOP REGISTRATION FORM

PLEASE USE ONE REGISTRATION FORM PER HOUSEHOLD.

(Only family members residing at the same address)

PLEASE PRINT

Adult Name	First		Last		Mi		
Home Address							
	City		State		Zip		
Phone	Home ( )		Emergency ( )		Cell ( )		
Is this a 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							

REGISTRATION NUMBER	SECTION	PARTICIPANT'S FIRST NAME	PARTICIPANT'S LAST NAME	MI	DATE OF BIRTH	SEX	CLASS/TRIP NAME	REG. FEE
	—				/ /			
	—				/ /			
	—				/ /			
	—				/ /			
	—				/ /			
	—				/ /			
Please attach an additional form if you need more space.							TOTAL FEES	$

CREDIT CARD INFORMATION

HOLDER'S NAME____________________

☐ VISA ☐ MASTERCARD EXP. DATE__________

ACCOUNT #____________________

SIGNATURE____________________

FORM OF PAYMENT

☐ CASH ☐ MONEY ORDER

☐ CHECK ☐ CREDIT CARD (VISA OR MC ONLY)

☐ OTHER____________________

PLEASE NOTE: I recognize that there may be risks in participating in programs and activities being offered by the Reston Community Center ("RCC"), and I understand that the 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 the RCC, the Governing Board of the RCC, the Board of Supervisors of Fairfax County, the employees of the RCC and Fairfax County, together with the volunteers assisting the 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 the RCC and/or the County may take and edit photographs and/or video tapes of the 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 the RCC and/or the County, that any such photos and/or videos may be used in the publications of the 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: __________

☐ **I would like to make a tax-deductible contribution to Friends of the Reston Community Center. I have made a separate check payable to the Friends of the Reston Community Center.**

RETURN TO:

Reston Community Center Hunters Woods
2310 Colts Neck Road, Reston, VA 20191

OR

Reston Community Center Lake Anne
1609-A Washington Plaza, Reston, VA 20190

800-828-1120 (TTY) • FAX: 703-476-2488

RCC USE ONLY

REGISTRATION RECEIVED BY: ____________________ DATE: __________

REGISTRATION ENTERED BY: ____________________ DATE: __________