

# REGISTRATION FORM

**TOWN OF VIENNA PARKS AND RECREATION**  
 120 CHERRY ST. SE  
 VIENNA, VA 22180  
 PH: 703-255-6360 / FAX: 703-255-6399  
 www.viennava.gov  
 10/09

VCC USE ONLY - DATE: \_\_\_\_\_  
 REGISTRATION ACCEPTED BY: \_\_\_\_\_

CHECK ONE: Resident \_\_\_  
                   Non Resident \_\_\_  
 CHANGE OF ADDRESS: Yes \_\_\_ No \_\_\_  
 EMAIL ADDRESS CHANGE: Yes \_\_\_ No \_\_\_

## ONE HOUSEHOLD PER REGISTRATION FORM

HEAD OF HOUSEHOLD LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
 CELL: ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

PARTICIPANT NAME FIRST/LAST NAME	BIRTH DATE	M/F	ACTIVITY NUMBER AND SECTION (222222 A1)	ACTIVITY NAME	FEE
SAM SAMPLE	1/2/03	M	222222 B1	GYMNASTICS	\$32

**PAYMENT METHOD**

CHECKS MADE PAYABLE TO: TOWN OF VIENNA      Total: \_\_\_\_\_  
 CASH (EXACT CHANGE ONLY)                      Total: \_\_\_\_\_  
 CREDIT CARD:    Total: \_\_\_\_\_

AMERICAN EXPRESS \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp date: \_\_\_/\_\_\_/\_\_\_  
 DISCOVER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_              Exp date: \_\_\_/\_\_\_/\_\_\_  
 MASTER CARD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_              Exp date: \_\_\_/\_\_\_/\_\_\_  
 VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Exp date: \_\_\_/\_\_\_/\_\_\_

SIGNATURE: \_\_\_\_\_  
 (I AGREE TO PAY ABOVE CREDIT CARD TOTAL)

Total Fees:	_____
Less Household Credit:	- _____
<b>Total Paid:</b>	_____

**PLEASE REVIEW OUR REFUND POLICY BEFORE REGISTERING FOR CLASS.**

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program & associated activities, I hereby release the Town of Vienna, Virginia & its officers, employees, agents, & volunteers from any & all liability relating to or arising out of the registrant's participation. The Town neither endorses nor provides any financial advice or counseling and financial counselors and/or lecturers are not employed by the Town. Any registrant to a financial counseling seminar or lecture assumes all risk of loss as a result of following any lecturer's advice. I authorize the Town of Vienna and its officials, employees, agents & volunteers, at any such person's discretion to administer emergency first aid treatment & at my expense to obtain the services of a physician(s) and /or rescue squad & 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.

SIGNATURE OF PARTICIPANT, PARENT, GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_