

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: _____ BIRTHDATE: _____
 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

CHECK made payable to: TOWN OF VIENNA TOTAL: _____
 CASH (Exact change only) TOTAL: _____
 CREDIT CARD: TOTAL: _____
 VISA MasterCard AMEX Discover

_____ - _____ - _____ - _____ Exp. date: ____/____ CVC: _____

Signature: _____ (I agree to pay above credit card total)

Total Fees: _____
 Less Household Credit: - _____
 Total Paid: _____

**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 _____