REGISTRATION FORM

TOWN OF VIENNA Parks and Recreation

ONE HOUSEHOLD PER 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/register

HEAD OF HOUSEHOLD LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ BIRTHDATE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE:(____) _____ WORK PHONE:(____) _____

CELL:(____) _____ EMAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE NUMBER:(____) _____

REQUEST FOR AMERICAN WITH DISABILITIES ACT ("ADA")/VIRGINIA DISABILITIES ACT ACCOMODATION: YES (____) NO (____)

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION, WHAT TYPE OF ADA ACCOMODATION IS NEEDED? _____

DOES YOUR CONDITION REQUIRE THAT YOU NEED A PERSONAL ASSISTANT? YES ____ NO (____)

IF YES, THE TOWN DOES NOT PROVIDE PERSONAL ASSISTANCE AND YOU MUST BRING A PERSONAL ASSISTANT WITH YOU, AND THAT PERSON MUST BE REGISTERED FOR THE EVENT. FAILURE TO PROVIDE A PERSONAL ASSISTANT THAT IS NEEDED FOR YOUR ACCOMMODATION MAY RESULT IN YOUR NOT BEING ABLE TO PARTICIPATE IN THE EVENT OR PROGRAM. TOWN STAFF CANNOT PROVIDE PERSONAL ASSISTANCE OR SERVICES OF A PERSONAL NATURE TO INDIVIDUALS WITH A DISABILITY.

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

PAYMENT METHOD

CHECK MADE PAYABLE TO: TOWN OF VIENNA **Total:**_____

CASH **Total:**_____

CREDIT CARD: **Total:**_____

❑ VISA ❑ MasterCard ❑ AMEX ❑ Discover

_____-_____-_____-_____ **Exp. Date:** _____/_____ **CVC:**_____

Signature_____ ***(I agree to pay above credit card total)***

TOTAL _____

PLEASE REVIEW OUR REFUND POLICY BEFORE REGISTERING FOR A CLASS OR CAMP.

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program and associated activities, I hereby release the Town of Vienna, Virginia and its officers, employees, agents, and volunteers from any and all liability to or arising out of the registrant's participation. The Town neither endorses nor provides any financial advice 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 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.

SIGNATURE OF PARTICIPANT, PARENT, GUARDIAN _____ DATE _____