



TOWN OF  
**VIENNA**  
Parks and Recreation

# 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

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:(\_\_\_\_) \_\_\_\_\_ (CELL PROVIDER): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

PARTICIPANT NAME FIRST/LAST NAME	BIRTHDATE	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 \_\_\_\_\_