

CITY OF FAIRFAX PARKS AND RECREATION DEPARTMENT
"Amazing Experiences!"

Administration Office
 10455 Armstrong Street Phone: 703-385-7858
 Fairfax, VA 22030 Fax: 703-246-6321
www.fairfaxva.gov ParksRec@fairfaxva.gov

PARENT/GUARDIAN/PRIMARY HOUSEHOLD CONTACT INFORMATION

LAST NAME		FIRST NAME		HOUSEHOLD E-MAIL	
ADDRESS		CITY		STATE ZIP	
HOME PHONE		CELL PHONE		OTHER PHONE NUMBER	
EMERGENCY CONTACT NAME		RELATION		EMERGENCY CONTACT NUMBER	
RELATION		RELATION		RELATION	

CHECK IF YOU ARE A CITY OF FAIRFAX RESIDENT

PARTICIPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	GRADE	PROGRAM TITLE	SESSION	FEE

IMAGE RELEASE
 I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of me or my child's participation in the program for any legitimate purpose.
 PLEASE CHECK: Yes No

ASSUMPTION OF RISK: FOR ALL CITY OF FAIRFAX ACTIVITIES IN THE PARKS AND RECREATION DEPARTMENT.
 I certify that I am older than age 18 and/or the parent/legal guardian of the participant. Due to the strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/legal guardian consents to emergency treatment. Also student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

PRINT NAME _____ DATE _____

PARTICIPANT/PARENT OR LEGAL GUARDIAN SIGNATURE (All participants over 18 years of age must sign this registration form.) _____

PAYMENT METHOD AmEx Discover MasterCard Visa Cash Checks (Please make check payable to City of Fairfax.)

CREDIT CARD OR CHECK NUMBER _____ EXP DATE _____ / _____ GSV/SECURITY CODE _____

TOTAL FEE _____

CARD SIGNATURE _____