

# 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:** \_\_\_\_\_

**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
<b>SAM SAMPLE</b>	<b>1/2/03</b>	<b>M</b>	<b>222222 B1</b>	<b>GYMNASTICS</b>	<b>\$32</b>

**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:** - \_\_\_\_\_  
**Total Paid:** \_\_\_\_\_

**PLEASE REVIEW OUR REFUND POLICY BEFORE REGISTERING!**

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. 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.

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