



Reston Teen Center Participant Registration Form

PLEASE PRINT CLEARLY

SECTION I: Participant Information – ALL PARTICIPANTS COMPLETE

NAME: _____
 Last (Family) Name First (Given) Name Middle Name or Initial Preferred or Nickname

ADDRESS: _____
 Street Apt# City State Zip Code County

PHONE: _____
 Home Cell

EMAIL: _____
 Username @ Domain

Birth Date: MM/DD/YYYY _____ Gender (circle one): Male Female

SECTION II: Demographic Information – ALL PARTICIPANTS COMPLETE

Country of Origin: _____ Native Language: _____ Other Languages: _____

American Indian/Alaskan Native Asian Black/African American Caucasian

Ethnicity:
 Prefer not to answer Hispanic/Latino Native Hawaiian/Pacific Islander Other (please specify): _____

SECTION III: Emergency Contact Information – ALL PARTICIPANTS COMPLETE

Contact Person: _____ Relationship: _____
 Last Name, First Name

Phone: _____
 Home Work Cell

SECTION IV: School Information – ALL PARTICIPANTS COMPLETE

Type of School (circle one): Public School Private School Parochial School Home School

Name of School: _____ Current Grade Attending: _____

I have read and understand the participation approvals and agreements on the back of this form and by my signature agree to its terms.

PARTICIPANT SIGNATURE: _____ Date _____

Parent Participant Authorization: I hereby grant permission to my child participant/registrant to participate in any/all of the programs sponsored by the Department of Neighborhood and Community Services (NCS). I understand that my child may be transported to other sites for additional activities during the course of their participation at the Community/Teen Center and I agree to hold harmless NCS, its employees and volunteers for injuries or damages resulting from my child's participation in this activity. Also, I am aware that during program hours the coming and going of participants are the responsibilities of the parents or guardians of the child.

I have read and understand the participation approvals & agreements (on the reverse) and by my signature agree to hold my child to its terms.

PARENT/GUARDIAN SIGNATURE: _____ Date _____

(If participant is under 18 years of age)

Approval & Agreements

PLEASE READ CAREFULLY

SIGNATURE REQUIRED ON FRONT OF FORM

- 1. Eligibility for Participation:** Residents of Fairfax County and the cities of Fairfax and Falls Church are cordially invited to participate. Individuals, or parent/guardian if participant is under 18 years of age, may register at any time during the center's operating hours. This form will be readily available at the center the individual is attending.
- 2. Code of Conduct:** I understand that all participants must comply with following rules of conduct, in addition to any additional rules of conduct of the center, which are posted at the facility:
 - Participants must maintain self-control and exhibit appropriate self-conduct.
 - No drugs or alcohol are allowed inside or on the grounds of any Department of Neighborhood & Community Services (NCS) facility.
 - No smoking is allowed inside or on the grounds of any Department of Neighborhood & Community Services (NCS) facility.
 - Abusive, insulting, obscene or racially derogatory language towards staff, volunteers, or other participants will not be tolerated.
 - Fighting, destruction or theft of property, equipment or supplies, and vandalism are not allowed.
 - Loitering, gambling, solicitation, and panhandling are strictly forbidden.
 - Physical or sexual assault, battery, or improper touching will result in suspension and/or may be reported to the authorities. Any participant who violates this Code of Conduct will be asked to leave the center. A violator will be subject to the progressive disciplinary actions outlined in accordance with Department of Neighborhood & Community Services (NCS) policy.
- 3. Emergency Treatment:** The center staff has permission, in the event of an emergency, at my expense to: (1) utilize the most convenient rescue squad vehicle or ambulance to transport me to the nearest hospital; and (2) contact my emergency contact.
- 4. Photograph:** By signing this form, I give my permission for my child/myself to be photographed and/or videotaped by NCS, unless a separate written request not to photograph is submitted to the Agency. I understand that the photograph/video will be used to promote Fairfax County programs and activities.
- 5. Transportation:** I give permission to my child or myself (the participant) to ride provided transportation to/from the center and on field trips.
- 6. Permission to Share Information:** I give NCS permission to seek out and share information with other Fairfax County Agencies, including Fairfax County Public Schools. This information would be used to provide a supportive environment where I/my child can be better served.
- 7. Confidentiality & FOIA:** In accordance with the Privacy Protection Act of 1976, the requested information will be used only to coordinate activities of this Agency and Fairfax County Public Schools. Virginia law requires Fairfax County to notify you of the intended use of personal information you provide to Fairfax County, including electronic mail addresses. The only use that Fairfax County intends to make of your electronic mail address and subscription request is to send you the information to which you have voluntarily subscribed. However, the Virginia Freedom of Information Act (VFOIA) gives citizens of the Commonwealth and representatives of certain news organizations the right to inspect and copy many public records held by Fairfax County. Your subscription request will result in the creation of a public record that will be subject to such disclosure. However, you may ask that the personal information that you are providing to Fairfax County with this request not be disclosed in response to a VFOIA request. Please indicate if the personal information you are providing with this request should **not** be made available to such citizens and news organizations.
 Yes, withhold my personal information from responses to VFOIA requests seeking personal information of electronic mail subscribers to the selected list(s).
- 8. Liability Waiver:** I recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result in my/my child's participation in any and all activities sponsored by the County.



Fairfax County is committed to nondiscrimination in all county programs, services and activities. To request reasonable accommodations or to receive this information in an alternate format, call 703-324-4600, TTY 711.

FOR OFFICE USE ONLY

Verified By: _____

Section I:

Section II:

Section III:

Section IV: (requires Parent Signature)

Signature:

Parent Signature:

Complete

Complete

Complete

Complete N/A

Complete

Complete N/A

