

HERNDON PARKS & RECREATION REGISTRATION FORM**MAIL TO:**

Herndon Parks & Recreation
 P.O. Box 427
 Herndon, VA 20172-0427

Phone (703) 435-6868
 Fax (703) 318-8652

CHECKS PAYABLE TO:

Town of Herndon

CHANGE OF ADDRESS/PHONE?

Yes No

**Separate Registration Form
 and Check Required for Each
 Registration**

Refunds assessed the lesser of 20% or
 \$10 with a minimum of \$1

All Returned Checks Are Subject To A
 \$25 Fee

OFFICE USE

Method of Pay C CK CC LC

AP#

Processed By

Date Paid

HEAD OF HOUSEHOLD: _____

PARTICIPANT'S NAME: Mr. Mrs. Ms. Birthdate _____ Age _____ Sex _____

First: _____ Last: _____

Residence/Street: _____

City: _____ State _____ Zip _____

Home Ph. () _____ Work Ph. () _____

Email: _____

COMPLETE ONE FORM FOR EACH CLASS

Choice	Course Number	Course Title	Fee
1st			
2nd			
3rd			

SPECIAL ACCOMMODATIONS. Please call (703)435-6868 to speak with a program supervisor.

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING: VISA MASTERCARD

Credit Card Number _____ Exp. Date _____

Print Name of Card Holder _____

Signature _____

RECREATION CONSENT: I realize that participation in recreational activities and transportation to and from these activities, if provided through this program, may involve risk. I consent to participate in these activities, and I assume this risk. I realize that I may consult my physician concerning my fitness to participate. I give the Town of Herndon's employees, officers, agents, and volunteers on behalf of the Town, authority to administer or to procure for me any medical attention they may deem necessary if I am injured while participating in these activities. I am signing and returning this form to the Town of Herndon in consideration of the Town providing the opportunity to participate in these activities. If I am a minor, my parent or guardian is signing this for me.

Print Name of Parent or Guardian _____

Signature of Participant, Parent or Guardian _____