

**Culmore Soccer Camp Registration Form**

**Fax to:** 703-324-5546 -or-  
**Mail to:** Fairfax County Community & Recreation Services (CRS), Athletic Services Division  
12011 Government Center Pkwy #1050, Fairfax, VA 22035-1115

**Participant Information**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
School (2009-10) \_\_\_\_\_ Grade level (2009-10) \_\_\_\_\_  
Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Information:** In the event I cannot be reached readily in an emergency, CRS' employees have permission to contact our family physician or utilize the most convenient rescue squad vehicle or ambulance to transport my child to the nearest hospital. If permission is granted, I agree to hold harmless and indemnify Fairfax County, its employees and volunteers, from any and all claims for bodily injury, personal injury and/or property damage which may result from my child's participation in this recreational activity.

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies/Other Health Information \_\_\_\_\_

**Transportation Permission:** I do  or do not  give permission for my son/daughter to ride the bus from Bailey's Elementary School to Mason District Park. I agree that a Fairfax County Public School bus, county vans, or a combination of the two, will be used to transport my child. I understand that the bus will leave Bailey's ES at 12:30 p.m. each day and return at 4:30 p.m. on Mondays and Fridays and at 5:30 p.m. on Tuesdays, Wednesdays, and Thursdays.

**Photo Release:** I do  or do not  give permission for CRS to use my child's photo in its program advertising.

**Virginia Freedom of Information Act (VFOIA):** I understand that my child's registration information is public record and, as such, may be released under VFOIA unless I specifically request that this information not be released. I do  or do not  give CRS permission to release my child's registration information.

**Liability Waiver:** On behalf of my child, I recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax and the Department of Community and Recreation Services, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my child's participation in any and all activities sponsored by CRS. **Parents are advised to carry their own insurance to cover their children while participating in Community and Recreation Services programs.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date