CLASSES/ACTIVITY REGISTRATION FORM
City of Alexandria Department of Recreation, Parks & Cultural Activities

Class Questions? Recreation Program Office hours are 8am-5pm, M-F Call 703.746.5414 or TTY 703.838.4902

PLEASE READ REFUND POLICY BEFORE REGISTERING

1. HOUSEHOLD INFORMATION – PLEASE PRINT - * Required Information
   *Name of Head of Household (First/Last) ____________________________________________ Check if change of □ Address □ Phone □ Email – Effective Date _______
   *Address ____________________________________________________________  *City, State, Zip_______________________________________
   *Home Phone ________________________  Work Phone_______________________  Cell Phone__________________________________________
   *Head of Household Birthday ____/____/____        *Male/Female? (Circle)  Email Address _______________________________________________

2. ACTIVITY REGISTRATION (Please fill out completely. Attach an additional sheet if necessary)

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Gender M/F</th>
<th>Date of Birth</th>
<th>Activity Title</th>
<th>Activity #</th>
<th>Start Date</th>
<th>Fee</th>
</tr>
</thead>
</table>

REGISTRATION DEADLINE - Classes that have not met the minimum number of enrollees are cancelled approximately one week before the start date. Participants are notified of cancelled classes by phone or email and given a credit unless a refund is requested. Please allow 4-6 weeks for refund.

Make checks payable to “City of Alexandria”

3. PLEASE READ AND SIGN BELOW:

   Hold Harmless Agreement: In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting various programs and allowing the above to participate in such programs, the undersigned realizing the risk of injury attendant to such programs, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities and its officers, agents, and employees from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the undersigned’s child while participating in such programs.

Signature required of adult participant, parent or guardian of child ____________________________________________ Date____________________

4. REGISTRATION METHOD

   Mail – In: or Drop Off  Phone/TeleTrac  Web:
   Lee Center      703-838-4969  www.alexandriava.gov/recreation
   1108 Jefferson Street Alex, VA 22314

   For Office Use Only:
   Check #: _____ Amt: ______
   Date Recvd.: ____ Staff: ______