

## RECDYNAMICS REGISTRATION APPLICATION

<b>GENERAL INFORMATION</b> (PLEASE PRINT CLEARLY)			
First Name *		Middle Initial	
Last Name *		Phone (XXX-XXX-XXXX) *	
Email Address *		Birth Date (mm/dd/yyyy) *	
Email address is required for online access to RECDynamics. Confirm email address online (If you do not have an email address, please skip this section.)			
Is there a special accommodation to be considered? * If yes, please consult with NCS staff. Yes <input type="checkbox"/> No <input type="checkbox"/>		Ethnicity * <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> White	
Gender * Male <input type="checkbox"/> Female <input type="checkbox"/>			
<b>ADDRESS</b> (PLEASE PRINT CLEARLY)			
Country *		City *	
Address (Line 1) *		Province/State/Region *	
Address (Line 2 – Apt #)		Postal Code/Zip *	
<b>OTHER</b> (PLEASE PRINT CLEARLY)			
Primary Language *		Other Email (FCPS/Other) *	
Other Phone (Cell) *		Preferred Center *	
<b>EMERGENCY CONTACT</b> (Add as many as needed online)			
First Name *		Last Name *	
Primary Phone (XXX-XXX-XXXX) *		Secondary Phone (XXX-XXX-XXXX)	
<b>SCHOOL</b> (Participants under the age of 18)			
School (Type) * <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Home		School Grade * <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
School Name *			
Are you currently a member of NCS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	NCS Membership #:	

I have read and understand the participation approvals and agreements on the back of this form and by my signature or entering my full name, do by agree to its terms.

PARTICIPANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is under 18 years of age)

# Approval & Agreements

PLEASE READ CAREFULLY

1. **Eligibility for Participation:** Residents of Fairfax County and the cities of Fairfax and Falls Church are cordially invited to participate. This form will be readily available at the center the individual is attending.
2. **Code of Conduct: All staff, volunteers, participants/members, caregivers, or other center users who may avail themselves of the facilities and services offered by Neighborhood and Community Services Centers are expected to:**
  - Be responsive and sensitive to diversity amongst participants/members, staff, volunteers, and the community at large.
  - Engage with others respectfully in an environment free from harassment, intimidation and physical or sexual assault.
  - Respect all by committing to appropriate use of electronic devices and refraining from sexually and racially explicit or harassing material or communication.
  - Respect all by using polite language, sharing resources, and solving problems cooperatively and peacefully.
  - Take care of property, keep communal space clean and conserve and protect community resources. Center users will not engage in or tolerate vandalism or theft.
  - Self-regulate to the best of one's ability in a mature and responsible manner and conduct oneself in a way that is safe, respectful and does not disrupt the ability of others to participate.
  - Commit to an environment free from loitering, gambling, soliciting, and panhandling.
  - Commit to an environment free of dangerous weapons, including bats, shields, poles, bricks, stones, rocks, pieces of asphalt or concrete, knives, hatchets, axes, saws, slingshots, blackjacks, metal knuckles, mace, pepper spray, metal buckles, chains, crowbars, hammers, clubs, bludgeons, or other items that may be used as a weapon.
  - Comply with all restrictions on the possession, carrying and transportation of firearms, ammunition, and components thereof in recreation and community centers and other areas where "no firearms" signs are posted.
  - Commit to a drug free environment. The use of tobacco products, e-cigarettes, alcohol or public intoxication and the use illicit drugs are not permitted.

**Center users in any capacity who do not respect the Code of Conduct may be asked to partake in a restorative justice process. This process is based on center policies and participant/member needs, regardless of income, age, gender, ethnicity, or race, and physical or mental ability, behavior, or lifestyle. Every attempt will be made to allow other center users involved to be equal partners in this process. Depending on the severity of the Code of Conduct violation and the restorative justice process, it can result in dismissal from the program.**

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. **COVID-19 Liability Waiver:** I/parent, legal guardian, or caretaker acknowledge and understand that there are health risks and dangers associated with the transmission of communicable diseases, including but not limited to COVID-19. I recognize that there may be an increased risk that I, my child(ren), and/or the adult for whom I am a caretaker will be exposed to and contract such communicable diseases by virtue of their participation in Fairfax County Department of Neighborhood & Community Services (NCS) programs. In consideration of the services to be rendered in connection with NCS programs, I, for myself and the child(ren) or adult for whom I am parent, legal guardian, or caretaker fully assume all of the risks associated with the participation of myself, my child(ren), or adult in the NCS programs, including any and all risks of injury or illness. As such, I hereby agree to waive, release, defend, indemnify, and hold harmless Fairfax County, and its current and former employees, servants, agents, directors, Board members, departments, agencies, assigns and insurers, or all of them, from any and all liability, damages, and actions brought by myself, by or on behalf of my child(ren)s, and/or by or on behalf of the adult for whom I am a caretaker, in connection with their participation in NCS programs, including but not limited to damages related to exposure or transmission of COVID-19 in connection with their participation in NCS programs.

We ask that you help us protect the health of all children, families, and staff. Please remain home if you or your child is sick, or experiencing symptoms of COVID-19, or if anyone in your household has any signs or symptoms of COVID-

19, or if you or your child have been in close contact with anyone who has been diagnosed with COVID-19 in last 14 days.

**5. General Liability Waiver:** In consideration of the services to be rendered in connection with NCS programs, I, for myself and the child(ren) or adult for whom I am parent, legal guardian, or caretaker fully assume all of the risks associated with the participation of myself, my child(ren), or adult in the NCS programs, including any and all risks of injury or illness. As such, I hereby agree to waive, release, defend, indemnify, and hold harmless Fairfax County, and its current and former employees, servants, agents, directors, Board members, departments, agencies, assigns and insurers, or all of them, from any and all liability, damages, and actions brought by myself, by or on behalf of my child(ren)s, and/or by or on behalf of the adult for whom I am a caretaker, in connection with their participation in NCS programs.

**6. Transportation:** I give permission to my child or myself (the participant) to ride provided transportation to/from the center and on field trips.

***To Opt out of the following sections a Signature is required. Please return Signed & Dated form to NCS.***

**7. Photograph:** 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. ☐ I **do not** give NCS permission to video or photograph myself or my children.

**8. 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. ☐ I **do not** give NCS permission to share my information with other Fairfax County Agencies.

**9. Confidentiality & FOIA:** In accordance with the Virginia Privacy Protection Act of 1976, the requested information will be used to coordinate activities of this agency. I understand some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act (VFOIA), VA. Code §22-3705. By requesting emails from Fairfax County, please know that your contact information may be subject to the Virginia Freedom of Information Act (VFOIA). If you do not want Fairfax County to release your address, email address and telephone number(s) to a FOIA request, please check the box below. Doing so will authorize Fairfax County to protect this information. Other information you provide will be subject to VFOIA. Please know that Fairfax County does not routinely release or distribute citizen contact information, but will do so only if required by VFOIA.

<input type="checkbox"/> No, do not share my address, email address, and telephone number.	<input type="checkbox"/> Yes, share my address, email address, and telephone number.
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Print Name

Signature

Date



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.

