



Department of Neighborhood and Community Services
Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Sully Community Center Sports & More programs are for ages 5 ½ years old -12 years old.

Registration: may be made in person during business hours at the Sully Community Center located at 13800 Wall Road, Herndon, VA 20171 Prior to submission, please create an online account using instructions below.

Section 1 – Online Account Creation

A **NCS General Membership** is required. Parents/Guardians must create an account in the NCS RecCDynamics Registration system. All youth participating in NCS Programs must be included on the account of the Parent/Guardian. To create an account, follow these steps:

1. Go to the NCS website at: www.fairfaxcounty.gov/neighborhood-community-services/ncs-registration-system
2. Click the link **“CREATE YOUR NCS ACCOUNT TODAY!”**
3. Select **“Create Account”** at the top right corner of the screen.
4. **Complete the required information** under the following sections: General Information, Address, Other, Primary Language and Emergency Contact.
 - *If you are 50 years or older and you do not wish to attend a senior center, please skip the **“Senior Center Membership Request”** section to include the Eligibility Acknowledgement.*
5. Check the box for the **Registration Agreement and review the Virginia Freedom of Information Act (VFOIA).**
6. When you are ready, select **“Create Account”** and your new account will be active.

If you have any other questions about the new online registration system or need any assistance with setting up your account, please contact us online or email NCS-RMSProcessing@fairfaxcounty.gov . You can also contact Sully Community Center staff.





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Section 2 – Registration Form

GENERAL INFORMATION (Please Print Clearly)

Last Name*	First Name*	Middle Initial

Birth Date (mm/dd/yyyy)*	Gender*	Primary Language*
<input type="checkbox"/> Age (5-12 Yrs.) <input type="checkbox"/> Age (12+ - 18)	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Race*	<input type="checkbox"/> American Indian and Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Other Race (List)		<input type="checkbox"/> Prefer not to say

Ethnicity*	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Prefer not to say
------------	---	---	--

Street Address*	Apt #	City*	State*	Zip Code*

Primary Phone*	Secondary Phone

Email Address <i>(Email address is required for online access to RecCDynamics)</i>
Other Email (FCPS Student/Other)

Emergency Contact Last Name*	Emergency Contact First Name*	Primary Phone*	Secondary Phone

HEALTH INFORMATION (Please Print Clearly)

Please see the Center Director/Program Manager if participant requires medication, including EpiPen and/or inhalers for additional authorization forms.

Are there any special accommodation to be considered? * If, yes please consult with NCS staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Notes	Sensitivities	

HEALTH INFORMATION Continued (Please Print Clearly)

Please see the Center Director/Program Manager if participant requires medication, including EpiPen and/or inhalers for additional authorization forms.

(List medications to be administered during center/program hours)





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Medication Reasons	Medication Restrictions

Behavioral	Has an IEP (Individualized Education Plan) with their school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergic Reactions	<input type="checkbox"/> Bee Stings <input type="checkbox"/> Insect Bites <input type="checkbox"/> Food	Has EpiPen or Equivalent with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary	Others		

SCHOOL INFORMATION (Participants under the age of 18)

School Name*	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	
School (Type)*	<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
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Home							

Are you currently a member of NCS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NCS Membership #:	
------------------------------------	------------------------------	-----------------------------	-------------------	--

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

PARTICIPANT SIGNATURE: _____ Date _____

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





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Section 3: Program and Camp Information

Weekly Camp Sessions-Summer 2024			
Week 1	06/17/2024 - 06/21/2024	Tumbling & Cheer Camp (5 1/2-11 yrs.)	Mon, Tues, Thu & Fri: 9:00 AM - 4:00 PM
Week 2	06/24/2024 - 06/28/2024	Hoops & More: Basketball & Tennis Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM
Week 3	07/01/2024 - 07/03/2024	Basketball Summer Hoops Camp(6-12yrs)	Mon, Tues, Wed: 9:00 AM - 4:00 PM
Week 4	07/08/2024 - 07/12/2024	Gymnastics & Dance Camp (5 1/2-11yrs)	Monday – Friday: 9:00 AM - 4:00 PM
Week 5	07/15/2023 - 07/19/2024	Basketball & Sports Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM
Week 6	07/22/2023 - 07/26/2024	Baroody Sports & PE Games (5-12)	Monday – Friday: 9:00 AM - 4:00 PM
Week 7	07/29/2023 - 08/02/2024	Baroody Soccer Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM
Week 8	08/05/2023 - 08/09/2024	Hoops & More: Basketball & Tennis Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM
Week 9	08/12/2024 - 08/16/2024	Ninja Obstacles & Tumbling Camp (Ages 5 1/2-11 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM

Camp Selections:

Please complete 1st, 2nd, and 3rd choice options. Associated fees will be applied with each additional camp enrollment.

<input type="checkbox"/> 1 st Choice	
Camp Session Date:	
<input type="checkbox"/> 2 nd Choice	
Camp Session Date:	
<input type="checkbox"/> 3 rd Choice	
Camp Session Date:	

Transportation:

Transportation assistance will be provided. The NCS' bus will pick-up and drop-off **only** from the following locations:

- Coates Elementary School •McNair Elementary School •Herndon Resources Center •Meadows of Chantilly
- Centerville Library •Ox Hill Baptist Church

If you need transportation, please list the location closest to your address: _____

Meals and Snacks

Lunch and snacks are provided for campers. However, campers may opt out of the free lunch program and bring their own sack lunches. Vegetarian options available upon request.

Payments:

NCS has established a sliding fee scale based on the family's total annual income level.





Department of Neighborhood and Community Services

Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Find your family's total annual income range in the right-hand column and place an "X" in the appropriate box to the left that matches.

Table with columns: Check Income Range, Adjusted Household Income, and Select Weeks Attending (Only 3 weeks per person) with sub-columns for Week 1 through Week 9.

Payment is accepted by cash, check, money order or credit card. All payments should be made in person at the Sully Community Center. Payments must be received Monday, June 3, 2024, to guarantee placement.

To request a fee variance, please contact the Center Director or Assistant Director at the center where you are registering your child. Acceptable Income verification Forms: Medicaid, FCPS Free Lunch Verification, SNAP, TANF, WIC, Head Start, FAMIS-family access through medical insurance security plan.

Make checks and money orders payable to NCS. Visa or Mastercard are accepted. There will be a \$50 processing fee for any returned checks.

Cancellations: There are no refunds for missed days due to changed work or vacation schedules, sick days or other non-emergency reasons. Refunds and transfers must be requested at least 14 days prior to the camp session for which the refund/transfer is being requested.

*Refunds are only given if the child has a medical emergency and a doctor's written verification is submitted BEFORE the camp ends. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours. Requests received after the camp session ends will not be granted.





Department of Neighborhood and Community Services

Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Section 4: Acknowledgements and Agreements

General Liability Waiver: In consideration of the services to be rendered in connection with NCS/FCPA 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.

Transportation to and from the center is the responsibility of the parent/guardian for youth programs. If you work during the day, you must have back-up transportation arrangements in case of emergency, illness, or disciplinary problems.
I give permission to my child to ride provided transportation to/from the center and on field trips including swimming trips. If field trips are scheduled, field trip payments will be collected in advance. A Field trip permission slip is required the week before the trip. Absences and personal scheduling conflicts are not reimbursable. Field trip availability is filled on a first-come, first-served basis. The center will be open and provide programming for any participants who are not attending a field trip activity.
I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the product, take these actions:
The center shall notify parents/guardians if their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the center within 24 hours if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening). I understand no guidelines or practices will remove 100% of the risk of exposure to communicable disease.
I hereby grant approval for my child to be photographed and/or videotaped by NCS/FCPA or its partner contractors 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. Vehicle safety audio/video systems may record camp participants when they are being transported in NCS vehicles for the program.
I hereby authorize the NCS/FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize NCS/FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises I carry health insurance for my child.
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.

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 boxes for confidentiality/FOIA: No, do not share my address, email address, and telephone number. Yes, share my address, email address, and telephone number.

I also acknowledge that youth registration information provided to NCS/FCPA is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that this information not be released.

I do not give NCS permission to release my child's registration information.

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

Signature lines for Print Name of Parent/Guardian, Signature of Parent/Guardian, and Date.





Department of Neighborhood and Community Services

Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

Section 5: Code of Conduct (In-Person and Virtual Programs)

Parents: Carefully read the below Code of Conduct your child. Both your and your child’s (when applicable) signatures are required. A separate registration form must be completed for each participant.

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 of 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.

Participants must:

- Sign in and out on the daily attendance form.
- Stay in your assigned group, listen to the program leaders, and follow directions carefully.
- Show respect for others in what you do and say.
- Try very hard to maintain your self-control even when you are upset—the program leader will listen.
- Take care of your personal belongings—no pocketknives or harmful weapons allowed.
- Use equipment and supplies appropriately without destruction.
- Play safely and have fun.





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Parents must:

- Support the After-School Program and Community/Teen Center staff and work with them to resolve disciplinary issues.
- Understand that after the program end time, children will be able to participate in the center until closes.
- Make arrangements for your child to be picked up in the event of sickness, uncontrolled behavior, or other emergency needs.

I have read and understand the Code of Conduct section of this form and by my signature agree to its terms.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
--------------------------------------	-------------------------------------	-------------





Department of Neighborhood and Community Services

Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Emergency/Medical Information & Parent Agreement

Form with fields for Child's Full Name, Nickname, Date of Birth, Sex, Address, Home Phone, Allergies or Intolerance, Child's Physician, and Phone.

PARENT(S)/GUARDIAN(S) Information (write N/A when not applicable)

Form with fields for Parent's Full Name, Email Address, Cell Phone, Home Address, and Place Employed for two parents/guardians.

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Form with fields for Emergency Contact #1 and #2, including Address, Phone, and Relation to Child.

AGREEMENTS

Agreement text including swimming/wading activities, sunscreen/insect repellent, communicable disease notification, and medical treatment authorization.

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct. I have made a copy of this for my own records.

Parent/Guardian Signature Date





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

FCPA Camp-Pick-up Authorization

Child's Name:
Camp Child is Enrolled in:

List those individuals authorized to pick up your child (including yourself); they must be an adult over the age of 18. **Your child will be permitted to leave with these individuals only and photo identification will be required at sign-out.** Bring camp forms for your child on the first day of camp. **Do not mail/email forms.** To avoid confusion, please make copies and submit forms each week if attending multiple camps.

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up the child): _____

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian: _____

Signature: _____ **Date:** _____





Fairfax County
NCS
Neighborhood and
Community Services

Department of Neighborhood and Community Services
Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Park Authority Camps: Code of Conduct

Children and guardians must review this required document together and sign below.

Children must:

- Maintain personal care (toileting, changing) without staff support.
- Always stay with assigned group.
- Respect others in what you say and do. Teasing and bullying are not permitted, and children should report all incidents immediately to their counselor.
- Listen to program leaders and follow directions.
- Use appropriate language.
- Keep hands to oneself and maintain self-control.
- Take care of their own belongings.
- Use equipment and supplies in a safe and appropriate manner.
- Follow the policy for cell phones and other multimedia devices: Campers/CIT's may have cell phones and other multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. We strongly suggest these items be left at home. FCPA will not be held responsible for lost or stolen items.

Parents/Guardians must:

- Complete and submit appropriate paperwork from the parent packet.
- Sign children in and out of the program, bring photo I.D. and be on time.
- Contact the Camp Director or Program Manager immediately when issues arise.
- Adhere to the camp refund and transfer policy as outlined in the parent packet.
- Make arrangements for your child to be picked up in the event of sickness, uncontrolled behavior, or other emergency needs.

Possible Grounds for Immediate Dismissal (no refund given):

Depending on the severity and other assessed factors, FCPA reserves the right to terminate part or all a child's enrollment in FCPA camps if:

- A child intentionally harms or threatens to harm himself or others.
- A child who causes injury to another child or staff member.
- A child who displays repeated inappropriate behaviors.
- A child who fails to comply with the Code of Conduct.

Grounds for Immediate Dismissal (no refund given):

- A parent or child who refuses to follow FCPA policies as stated in the parent packet.
- A child who brings a weapon to camp.
- A child who vandalizes or steals the property of the camp facility, staff, or other children.





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Management of Behavior

Staff will manage disruptive and inappropriate behaviors by addressing it with the child and discussing what is appropriate behavior as well as redirecting behaviors when appropriate. If necessary, staff may remove a child from an activity until the child exhibits proper self-control. Staff will address problem behaviors with parents to strategize possible solutions. In situations where inappropriate or disruptive behavior persists, the child’s enrollment in FCPA programs may be terminated. Staff strive to meet the needs of the children by using proactive approaches and planning age/ability appropriate activities.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone (**please bring this form with you on the first day of camp**).

Child’s Name (please print): _____ **Signature of Child:** _____

Parent’s Name: _____ **Signature of Parent/Guardian :** _____

Cell Phone: _____ **Home or Work Phone:** _____ **Date:** _____





Department of Neighborhood and Community Services
 Sully Community Center in partnership with Park Authority
Registration Application and Approvals & Agreements

Official Use Only

Participant Information		
Last Name*	First Name*	Middle Initial
Parent/Guardian Name	NCS Membership #:	

Camp and Income Selection										
Check Income Range	Adjusted Household Income	Select Weeks Attending (Only 3 weeks per person)								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
	\$132,500 and above	\$255	\$295	\$189	\$319	\$315	\$285	\$285	\$295	\$319
	\$119,250 - \$132,499	\$215	\$247	\$160	\$267	\$263	\$237	\$237	\$247	\$267
	\$106,000 - \$119,249	\$176	\$198	\$130	\$216	\$212	\$188	\$188	\$198	\$216
	\$92,750 - \$105,999	\$136	\$150	\$101	\$164	\$160	\$140	\$140	\$150	\$164
	\$79,500 - \$92,749	\$97	\$102	\$72	\$113	\$109	\$92	\$92	\$102	\$113
	\$66,250 - \$79,499	\$45	\$54	\$35	\$61	\$57	\$44	\$44	\$54	\$61
	53,000 - 66,249	\$25	\$33	22	\$39	\$35	\$31	\$31	\$33	\$39
x	52,999 and below	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10

Fee Variance Eligibility	
Document Provided	Date Received

Payment Log					
Camp Choice	Amount Due	Cash	Check #	Credit Card Last 4 Digits	Confirmation No.
1 st Choice					
2 nd Choice					
3 rd Choice					
Amount to be deposited				Deposit Slip No.	

Payment received by:	Date Received

