

Fairfax County Neighborhood and Community Services

2025 Culmore SOCCER CAMP

FOR YOUTH AGES 6 – 16

Monday – Friday • 1 – 4 p.m.

June 16 – August 8

(Closed June 19, 2025 and July 4, 2025)

Bailey's Elementary School

6111 Knollwood Drive

Falls Church, VA 22041

**FREE
Register Today!**

Advance registration is recommended, but on-site registration will be available during camp hours.

Registration forms can be found at the Minnie H. Peyton at Bailey's Community Center or online at:

www.fairfaxcounty.gov/ncs

Search: Culmore Soccer.



For more information or to request a registration form be mailed to you, call 703-533-5701, TTY 711.

For More Information: NCSCRCCRegion2@fairfaxcounty.gov



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs services and activities. Where a TTY number is not indicated, use 711/Virginia Relay. Reasonable accommodations made upon request; call 703-324-4600.

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Culmore Soccer Camp Registration Form

Email to: NCSCRCRegion2@fairfaxcounty.gov (SUBJECT: Culmore Soccer Camp Registration Form)

Fax to: 703-533-5389

Mail to: Neighborhood & Community Services (NCS), CRCC Region 2 ATTN: Culmore Soccer Camp
7611 Little River Tnpk. #346E, Annandale, VA 22003

Participant Information:

Participant's Name _____ Date of Birth _____
Address _____
City _____ State _____ ZIP _____
School (2025-26) _____ Grade level (2025-26) _____
Parent's/Guardian's Name _____
Parent's/Guardian's Email Address _____
Home Phone _____ Work Phone _____
Cell Phone _____

Emergency Information:

In the event I cannot be reached readily in an emergency, NCS 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 _____

Photo Release:

I do or do not give permission for NCS 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 NCS 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 Neighborhood & Community 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 NCS. **Parents are advised to carry their own insurance to cover their children while participating in Neighborhood and Community Services programs.**

Signature of Parent/Guardian

Date



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