



## Athletic Services and Community Use Scheduling

12011 Government Center Parkway, 10<sup>th</sup> Floor  
Fairfax, VA 22035

703-324-5533, TTY 711 - FAX: 703-324-5546



# 2021 Culmore Soccer Camp



Free Summer Camp!

For youth ages 6 – 16

Monday – Friday, 1 – 4 p.m.

June 21 – August 13

**Bailey's Elementary School**  
**6111 Knollwood Drive, Falls Church, VA 22041**

Advance registration is recommended, but on-site registration will be available during camp hours. Registration forms can be found online at [fairfaxcounty.gov/ncs](https://www.fairfaxcounty.gov/ncs) Search **Culmore Soccer**. For more information or to request a form be mailed to you, call 703-324-5533, TTY 711.

# Culmore Soccer Camp Registration Form

**Email to:** [athleticservices@fairfaxcounty.gov](mailto:athleticservices@fairfaxcounty.gov) (SUBJECT: Culmore Soccer Camp Registration Form)

**Fax to:** 703-324-5546

**Mail to:** Neighborhood & Community Services (NCS), Athletic Services & Community Use Scheduling  
12011 Government Center Pkwy 10<sup>th</sup> Floor, Fairfax, VA 22035-1115

## **Participant Information:**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ SState \_\_\_\_\_ ZIP \_\_\_\_\_

School (2021 - 22) \_\_\_\_\_ Grade level (2021-22) \_\_\_\_\_

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 \_\_\_\_\_ Policy# \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

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



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For more information, call 703-324-5533, TTY 711.

May 2021

[www.fairfaxcounty.gov/neighborhood-community-services](http://www.fairfaxcounty.gov/neighborhood-community-services)



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