



Non-Member Waiver

Friday Night Party

Admission: \$10

Name(First/Last) : _____ Birth Date: ___/___/___ Gender: M / F

Middle _____

School: _____ Grade: _____ Email: _____ To receive event and membership info

Address: _____
Street City State Zip

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____

Emergency Contact Name: _____ Home Phone: _____

Cell Phone: _____

Requirements for participating in Old Firehouse Teen Center (OFTC) programs

Code of Conduct

- ◇ Must be able to maintain personal care without support of staff or volunteers
- ◇ Must stay with his or her assigned group
- ◇ Must respect others (listen to and follow directions, use appropriate language, keep hands and feet to self)
- ◇ Must maintain self control (anger management)
- ◇ Must meet the prerequisite skills for the class or program (if required for participation)
- ◇ Must not be under the influence of or in possession of illegal substances, alcohol or tobacco
- ◇ No inappropriate dancing or displays of affection
- ◇ Must adhere to FCPS dress code

PHOTO RELEASE

The McLean Community Center and OFTC reserve the right to photograph and videotape all the activities associated with the OFTC for promotional purposes.

RELEASE OF LIABILITY

I, the undersigned adult, am the parent or legal guardian of _____ (hereinafter referred to as "My Child.") I hereby agree to indemnify, protect and hold harmless the OFTC, Fairfax County Public Schools and the McLean Community Center, and the board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone youth participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents and volunteers, and service providers, subcontractors and their agents and employees from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of My Child in any youth activities.

Parent/Guardian Signature: _____ Date: _____

Parent Name (print) _____

Student Signature: _____ Date: _____



ADA Accommodations

If special and/or alternative accommodations are needed, please contact: Teen Director
703-448-8336 (TEEN) /TTY:711, at least 10 working days in advance of the registration deadline or date of the event, whichever is earlier.