How to Register



On-line: Go to www.fallschurchva.gov/recreation and click on the Falls Church Recreation and Parks Department logo. Full payment is required at the time of registration. Registration begins at 8am on the first day of registration.



Walk-in: 223 Little Falls St. There are no registration forms to complete. Registration begins at 8am on the first day of registration.



Mail-in: Mail-in registrations are processed at the end of the business day. Complete the registration form below, include payment, and mail to Falls Church Recreation and Parks Department, 223 Little Falls St. Falls Church, VA 22046



Phone-in: Phone in registration begins 8am the second day of registration August 20 and August 27. To register, call 703 248-5027 and have your credit card ready.

Confirmations: You will be notified if the class is cancelled or changed. Your receipt provides you

with class information including start date, time and location.

Registration Starts

Falls Church City Residents:

Monday, August 19, 2013

Non-City Residents:

Monday, August 26, 2013

Register Early: All classes are filled on a first-come, first-served basis. Deadlines to register are typically one week prior to the start of the class. Early registration helps prevent cancellations.

Senior Citizens: Senior Citizens (65+) residing in the City of Falls Church will receive a 50% discount on registration fees only. All supply or material fees must be paid in full.

Financial Aid: Financial aid is available for City of Falls Church residents only. Forms are available in the main office or call 703 248-5027 for more information.

Card Number:

Exp Date:

Registration Form For More Information: Call 703 248-5027; Fax 703 536-8150 Mail to Falls Church Recreation and Parks Department, 223 Little Falls St. Falls Church, VA 22046 Make checks payable to City of Falls Church. Only one family per form. Photocopies are accepted. Payment must accompany registration. Late registrations are accepted if an opening is available. ____ First Name:___ Primary Household Last Name: Day Phone Number: ()___ Evening Phone Number: ()___ Cell Phone Number: ()__ Male/Female Date of Birth Activity Registration # Activity Name Participant Name I understand that there may be risk inherent in any activity, including exercise, and I acknowledge that I have been advised to seek the advise of a medical doctor before I or my child participates in this program. I and my child agree to assume all risks of illness or injury resulting from participation in the program(s) noted below. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I and my child hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury directly resulting from my participation in this program. Credit Card Information: VISA Participant Signature: