

Girl Scout Registration Form



Date & Time Requested: _____ Troop Number: _____
Troop Leader's Name: _____
Address: _____
Day time Phone: _____
Evening Phone: _____
Email Address: _____

Dates: Workshops run October through May
To Schedule: 703-228-5918 or rreyes@arlingtonva.us
Time: Workshops will run 1.5 hours to 2 hours.
Badges are not included



Select a Workshop:

- ☐ Drawing (\$24/participant) ☐ Painting (\$24/participant)
☐ Ceramics and Clay (\$24/participant)

Payment:

A deposit of 50% is required to reserve a workshop. The balance is due at the time of the workshop and a confirmation email will be sent. **A 3% fee is charged by our credit card processor.** Customers using credit cards pay the convenience fee directly to the credit card processor. Arlington County does not receive any portion of the fee.

of Scouts (min 7 / max 15) = _____ X \$24 = _____

of Adults (if participating) = _____ X \$24 = _____

TOTAL = _____

Amount Enclosed = _____

Balance Due = _____

Please make checks payable to: **Treasurer, Arlington County**
Drop off or Mail to: Thomas Jefferson Community Center: Art Studios
ATTN: Girl Scout Workshops
3501 S. 2nd St. Arlington, VA 22204

Staff
process under
ART 12

Cancellation Policy:

All cancellations must be made in writing **2 weeks** before your reserved date by letter or email to: Roslyn M. Delos Reyes, rreyes@arlingtonva.us or mailed to the above address.

Hold Harmless Agreement:

Hold Harmless Agreements are required to participate in any Arlington County DPR programs. See attached form. Return Hold Harmless form with deposit.

Weather Policy

We follow the inclement weather guidelines of Arlington County Public Schools. Please call the studio for updated information at (703) 228-5925 or (703) 228-4715 for recorded information regarding other closures and class cancellations.

Photo Release:

I give my permission to be photographed and allow Arlington County to release said photographs for publicity purposes. Please check: ☐ Yes ☐ No

Troop Leader Printed Name: _____ Date: _____

Signature: _____

Date _____

Hold Harmless Agreement

AGREEMENT TO RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

The undersigned is aware that there are certain inherent risks involved in participating in “**Scout Workshops/ Supplemental Fee Program**”, Date _____ including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participation in this program. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by the Arlington County Department of Parks and Recreation, its agents and employees, including food service, I, on behalf of myself, my executor, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all its officers, departments, agencies, agents and employees from any and all claims, (except for claims based on malicious conduct by County officers and employees), lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my family's participation in the program. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

Please check (1) box as it applies:

Parent/Tot Class (Parent/Guardian participating together)

☐

Parent/Guardian (Minor is the participant)

☐

Participant (Adult Participant)

☐

Signature

Print Name

Date

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