



Beep Ball

31st Season



Do you like baseball? Well here's your chance to become part of a team, make some new friends, and have fun! Come join the Northern Virginia Pioneer Beep Ball League. Beep Ball is played similar to game of baseball, consisting of two teams of players. However, the ball and bases are electronically controlled to emit sound waves to assist the players.

WHO:	Individuals with Visual Impairments Ages 8 – Adult	
WHEN:	Wednesday Evenings July 3rd, 2013 – September 4, 2013	
WHERE:	<u>July Dates:</u>	<u>August/September Dates:</u>
	Falls Church High School 7521 Jaguar Trail Falls Church, VA 22042	Walnut Hill Admin Center 7423 Camp Alger Ave Falls Church, VA 22042
TIME:	7 – 8:30 p.m.	
COST:	FREE!	
QUESTIONS:	Call Mary Navarro, Program Coordinator at 571-275-7973, TTY 711	

Please return your registration to:
Neighborhood and Community Services
Therapeutic Recreation Services
12011 Government Center Parkway, 10th floor
Fairfax, Virginia 22035
703-324-5532 / TTY 711
www.fairfaxcounty.gov/ncs



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 703-324-4600, TTY 711.

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Fairfax County Department of Neighborhood and Community Services
THERAPEUTIC RECREATION SERVICES
 12011 Government Center Parkway, 10th floor
 Fairfax, Va 22035-1115
 703-324-5532/Fax 703-222-9788/TTY711

Beep Ball Registration

Name of Participant _____ Age _____ Sex _____

Name of Volunteer _____

Address _____

Street/P.O. Box _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of parent/guardian/counselor _____

Address _____ Home Phone _____ Work Phone _____

Emergency contact other than your home _____ Phone _____

Photographic Release: I hereby do _____, do not _____ grant permission to use individual and/or group activity photographs in connection with Beep Ball or the Department of Neighborhood and Community Services (NCS) publicity. If permission is granted, Verizon Telephone Pioneers and NCS are released from any liability that might be incurred.

Medical Release: The Verizon Telephone Pioneers of America and NCS in an emergency have permission at my expense to 1) contact my physician, 2) phone the nearest available physician, if mine is not available, 3) utilize the most convenient County rescue, emergency service, or care facility. In order to facilitate emergency care, please provide the following insurance information:

Physician's Name _____ Phone Number _____

Liability Waiver: I, on behalf of my child/myself, recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax and NCS, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my participation in any and all activities sponsored by the said department.

Insurance: Individuals/parents are advised to carry their own insurance covering their participation in Verizon Telephone Pioneers, NCS or other co-sponsored programs.

Confidentiality of Information & FOIA: I understand that some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act, Va. Code §2.1-340.1. As this statement indicates, not all information NCS collects is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, letters written to NCS regarding participants or personnel (e.g., recommendations, comments, complaints, etc...), and anything relating to personnel are exempt from FOIA request. **Youth (under age 18)** registration information provided to NCS is public record and as such may be released under the Virginia Freedom Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released.

Please check here if you do not grant NCS permission to release your child's registration information.

Participant's Signature

Date

Parent/Guardian Signature

Date