

REGISTRATION FORM

MAIN CONTACT

Check here if new address/phone since last time registered.

Last Name _____ First Name _____ M F

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident Nonresident

E-MAIL _____

PARTICIPANTS

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Age	Activity/ Class Name	Activity #	Start Date	Day	Time	Res. Fee	Non Res. Fee	Total
<i>Example: Shannon Connor</i>	<i>F</i>	<i>09/27/96</i>	<i>11</i>	<i>Basketball</i>	<i>12345</i>	<i>02/14</i>	<i>Thu.</i>	<i>5 p.m.</i>	<i>\$00.00</i>	<i>\$00.00</i>	<i>\$00.00</i>
TOTAL \$											

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for me/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Participant or Parent/Guardian Name

Signature of Participant or Parent/Guardian

<p>PAYMENT</p> <p>Amount Paid \$ _____ Cash <input type="checkbox"/> Check # _____</p> <p>Visa/MC/DISC# _____ Exp. Date ____/____</p> <p>Signature (name on card) _____</p> <p>Print Name _____</p>	<p>OFFICE USE ONLY:</p> <p>Rec'd: _____ Initials _____</p> <p>WMF Resident: Y N</p> <p>Pr: _____</p> <p>Date _____</p>
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