

GYC Membership

\$12 Resident

\$15 Non-Resident

Olde Towne and Robertson Park



2011-2012 School Year

Join the GYC today or renew your GYC membership!

The primary Youth Center I attend is:

- The Olde Towne Youth Center
- The Robertson Park Youth Center

The school I attend is:

LPMS FOMS

GMS RVMS

Other _____

GYC Membership is good for 1 year!

Questions? Call Rachel Tailby or Kimmie Alcorn at 301-258-6350



REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

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

Last Name: _____ First Name: _____ M F

Address: _____ Apt #: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ City Resident Nonresident

New! We can now email you GYC information on trips and special events:

Email Address: _____

MEMBERS INFORMATION

First Name: _____ Last Name: _____ M F

Date of Birth: _____ Age: _____ Grade: _____

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

GYC Staff: Date Rec'd: _____ Member: Y N Receipt #: _____

Amount Paid \$ _____ Cash Check # _____ Credit Card

Credit Card Payment:

Visa/MC/Disc # _____ Exp. Date ____/____

Print Name: _____ Signature (name on card) _____

Office Use Only:

Rec'd: _____ Initials: _____

W M F Resident: Y N

Processed by:

Initial: _____ Date: _____