

Registration Information

Resident Registration – Wednesday, January 28

Nonresident Registration – Wednesday, March 4

City Resident: Must reside within the corporate City tax limits of Gaithersburg. A Gaithersburg mailing address does not necessarily mean that you live within the City corporate tax limits.

Falsifying Registration Information by either claiming City residency or falsifying the ages of the camper will result in the denial of the registration.

Camp Wait List. Please make sure that the registration form has your 1st, 2nd, and 3rd choice for the Camp programs. If the first camp choice is filled, the camper will be placed on the waiting list and registered in the second choice if space is available. If all three camps are filled, the parent/guardian of the registrant will be notified.

Summer Camp Payments. You may choose to pay in full at the time of registration or select the payment plan option. The payment plan option, which must be chosen at the time of registration, divides your total fees into 4 equal payments. 25% of the camp fees will be due at the time of registration, with the remaining installments becoming due on April 1, May 1 and June 1. You must register early to take advantage of this opportunity because the payment due dates will not be changed. For example, if you register for programs in April, 50% of the fees will be due, with the remaining installments due on May 1 and June 1. If you register for programs in May, 75% of the fees will be due, with the remaining installment due on June 1. **To sign up for the payment plan option, you must check the payment plan box on the registration form or internet display screen.** Payment plans will NOT be available after June 1, 2009. All payment plans will be assessed a 3% late fee if the payment is received more than five (5) days after the due date. Outstanding balances as of **June 2, 2009** could result in the child being withdrawn from the program.

Refund Policy. Refund requests must be made in writing at least two weeks prior to the start of the program. Refunds for summer camp are subject to a withdrawal fee of \$25 per session. For a complete listing of the City's refund policy, please contact Betty Woods at 301-258-6350 x112.

THE BEST WAYS TO REGISTER

1. INTERNET:

Use the **RecXpress System** to register by internet, 24 hours a day, seven days per week beginning the first day of registration.

www.gaithersburgmd.gov/recxpress



Prepare for on-line registration. Request your family password and ID number today. Each family must have a password and each family member must have a personal ID number to be able to sign up for camp via RecXpress. Go to www.gaithersburgmd.gov/recxpress and click on My Account tab. Click on Create a New Account and complete the form. Your log on ID and password will be sent to your email address within 1-2 business days.

Already a member but forgot your login and password? Go to www.gaithersburgmd.gov/recxpress and click on My Account tab, select Forgot My Password, enter your email address and the information will be forwarded to you.

OTHER METHODS OF REGISTRATION

2. FAX:

Available 24 hrs. a day
301-948-8364

Payment by Visa,
Discover or Mastercard.

3. MAIL TO:

City of Gaithersburg
506 S. Frederick Ave.
Gaithersburg, MD 20877

Payment by Visa, Discover, Mastercard
or check payable to **City of Gaithersburg**.

4. WALK-IN OR DROP OFF:

Parks, Recreation & Culture Office
Activity Center at Bohrer Park,
506 S. Frederick Ave.

Payment by cash, check,
Visa, Discover or Mastercard

CAMPS AND CLINICS REGISTRATION FORM

Please read Registration Information on page 12 before completing this form

Important - 2 Sided Form - Complete Both Sides

Please complete the parent information below and the reverse side of this form with the child's information and camp/clinic selections. Please check the box next to each activity number you wish your child to attend. If you wish to have your child attend the before and after camp extended care, you must check the box for the extended care. Refer to Summer Camp 2009 Brochure Descriptions for Registration Fees and Dates of Program.

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

Parent's Last Name _____ Parent's First Name _____

Address Apt/Unit #: _____

City/State/Zip _____

Home Phone _____ City Resident (See City Resident on page 12)

Work Phone _____ Non-Resident

Email Adress _____

(Complete Child and Camp Information on Reverse Side)

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

Donations to the Dolores Swoyer Scholarship Fund. The City has a scholarship fund that is used to financially assist families in need to send children to camp or to participate in sport programs. We are seeking donations in the amount \$5 or \$10. Your donation may be added to your camp/clinic payment. Please designate the amount under "Donations" on the reverse side.

Payment Policy:

All Clinics and School of Skate.
Payment in full at time of registration.

Payment Plan Option for Camps, YAPS, Gaithersburg-on-the-Go and School of Basketball.
Please select either **Payment in Full** or **Payment Plan Option** on reverse side.
See chart below for outline of payment plan option.

Registration Date	Payment at Registration	Due April 1	Due May 1	Due June 1
Before April	25%	25%	25%	25%
After April 1	50%	--	25%	25%
After May 1	75%	--	--	25%
After June 1	100%	Payment Plan Option Not Available		

Method of Payment

Amount Paid \$ _____ Cash Check # _____

Visa/Discover/MC # _____ Exp Date ____/____

Signature (Name on card) _____

Print Name _____

Office Use Only:

Rec'd: _____ Initials: _____

W M F Resident: Y N

Processed by: _____

Date: _____

Summer in the City 2009

Child's Name: _____ Date of Birth: ____/____/____

Male
 Female

Grade Fall 2009 _____ School Attending Fall 2009 _____

Does child have any allergies, medications or conditions that may affect participation? Yes No
Please specify: _____

Camps - Select Method of Payment: Payment in Full Payment Plan Option

First choice selections. A check mark must be in the box next to each activity number you wish your child to attend.

	Session 1	Session 2	Session 3	Session 4	Fee
Camp Discovery	<input type="checkbox"/> 26399	<input type="checkbox"/> 26400	<input type="checkbox"/> 26401	<input type="checkbox"/> 26402	\$ _____
Extended Care	<input type="checkbox"/> 26444	<input type="checkbox"/> 26445	<input type="checkbox"/> 26446	<input type="checkbox"/> 26447	\$ _____
Camp Imagination	<input type="checkbox"/> 26406	<input type="checkbox"/> 26407	<input type="checkbox"/> 26408	<input type="checkbox"/> 26409	\$ _____
Extended Care	<input type="checkbox"/> 26448	<input type="checkbox"/> 26449	<input type="checkbox"/> 26450	<input type="checkbox"/> 26451	\$ _____
Camp Quest	<input type="checkbox"/> 26414	<input type="checkbox"/> 26415	<input type="checkbox"/> 26416	<input type="checkbox"/> 26417	\$ _____
Extended Care	<input type="checkbox"/> 26436	<input type="checkbox"/> 26437	<input type="checkbox"/> 26438	<input type="checkbox"/> 26439	\$ _____
Camp Rainbow	<input type="checkbox"/> 26410	<input type="checkbox"/> 26411	<input type="checkbox"/> 26412	<input type="checkbox"/> 26413	\$ _____
Extended Care	<input type="checkbox"/> 26440	<input type="checkbox"/> 26441	<input type="checkbox"/> 26442	<input type="checkbox"/> 26443	\$ _____
Camp Activ8	<input type="checkbox"/> 26422	<input type="checkbox"/> 26423	<input type="checkbox"/> 26424	<input type="checkbox"/> 26425	\$ _____
Extended Care	<input type="checkbox"/> 26456	<input type="checkbox"/> 26457	<input type="checkbox"/> 26458	<input type="checkbox"/> 26459	\$ _____
Camp Endeavor	<input type="checkbox"/> 26418	<input type="checkbox"/> 26419	<input type="checkbox"/> 26420	<input type="checkbox"/> 26421	\$ _____
Extended Care	<input type="checkbox"/> 26460	<input type="checkbox"/> 26461	<input type="checkbox"/> 26462	<input type="checkbox"/> 26463	\$ _____
Camp Intrepid	<input type="checkbox"/> 26426	<input type="checkbox"/> 26427	<input type="checkbox"/> 26428	<input type="checkbox"/> 26429	\$ _____
Extended Care	<input type="checkbox"/> 26464	<input type="checkbox"/> 26465	<input type="checkbox"/> 26466	<input type="checkbox"/> 26467	\$ _____
Camp X-plore	<input type="checkbox"/> 26430	<input type="checkbox"/> 26431	<input type="checkbox"/> 26432	<input type="checkbox"/> 26433	\$ _____
Extended Care	<input type="checkbox"/> 26468	<input type="checkbox"/> 26469	<input type="checkbox"/> 26470	<input type="checkbox"/> 26471	\$ _____
Camp Innov8	<input type="checkbox"/> 26434	<input type="checkbox"/> 26435			\$ _____
Extended Care	<input type="checkbox"/> 26472	<input type="checkbox"/> 26473			\$ _____
Yaps at Lakelands	<input type="checkbox"/> 26474	<input type="checkbox"/> 26475	<input type="checkbox"/> 26476	<input type="checkbox"/> 26477	\$ _____
Gaithersburg on the Go I	<input type="checkbox"/> 26482				\$ _____
Gaithersburg on the Go II	<input type="checkbox"/> 26483				\$ _____
School of Basketball/Boys	<input type="checkbox"/> 26586	<input type="checkbox"/> 26587	<input type="checkbox"/> 26588		\$ _____
School of Basketball/Girls	<input type="checkbox"/> 26589	<input type="checkbox"/> 26590			\$ _____
			Subtotal Due for Camps:		\$ _____

If First Camp Choice Not Available, please list: 2nd Choice _____
3rd Choice _____

Clinics - Payment in Full Due with Registration Form

Basketball Shooting Clinic	<input type="checkbox"/> 26585				\$ _____
School of Skate	<input type="checkbox"/> 26593	<input type="checkbox"/> 26594	<input type="checkbox"/> 26595		\$ _____
Dance Camp	<input type="checkbox"/> 26579				\$ _____
Gymnastics Clinics	<input type="checkbox"/> 26581	<input type="checkbox"/> 26582			\$ _____
Concentrated Ballet Camp	<input type="checkbox"/> 26580				\$ _____
Tennis Clinic	<input type="checkbox"/> 26035	<input type="checkbox"/> 26036	<input type="checkbox"/> 26037	<input type="checkbox"/> 26038	\$ _____
Washington Freedom Soccer Clinic	<input type="checkbox"/> 26629				\$ _____
Real Maryland FC Soccer Clinic	<input type="checkbox"/> 26630				\$ _____
Volleyball Clinic	<input type="checkbox"/> 26628				\$ _____
Field Hockey Clinic	<input type="checkbox"/> 26626	<input type="checkbox"/> 26627			\$ _____
			Subtotal Due for Clinics:		\$ _____

Donation to the Dolores Swoyer Scholarship Fund (Optional): \$5 \$10 Other \$ _____ \$ _____
Total Amount Due: \$ _____

I hereby grant permission for my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for 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 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.

If I have chosen the Payment Plan Option, I agree to pay a 3% late fee if the payment is not received more than five (5) days after the due date. Outstanding payments as of June 2, 2009 may result in the child being withdrawn from the program.

Print Parent/Guardian Name

Signature of Parent/Guardian