

registration information and more



REGISTRATION DEADLINES

Start Smart First 20 registrants
All other sports March 1

FEES

Start Smart \$45 Resident/ \$60 Nonresident
Youth Sports \$45 Resident/ \$60 Nonresident
Teen Sports \$50 Resident/ \$65 Nonresident

PAYMENT

Visa/MC/Discover/Cash or check
Checks payable to "City of Gaithersburg"

REFUND POLICY

All refund requests must be made in writing and received by the Department of Parks, Recreation and Culture prior to the first game of the program. All written requests that are made after the first game of the program will be awarded a credit for future use, less a \$10 administrative fee, or the refund will be prorated based on the date the request is received. No refunds after program is completed.

WAYS TO REGISTER

WALK IN

Activity Center at Bohrer Park
Summit Hall Farm
506 S. Frederick Ave.
Mon. – Sat. 8 a.m. – 8 p.m.
Sun. 9 a.m. – 4 p.m.

MAIL IN

Spring Youth/Teen Sports
Department of Parks, Recreation and Culture
506 S. Frederick Ave.
Gaithersburg, MD 20877

FAX

301-948-8364

ONLINE

Use **RecXpress System** to register online 24 hours a day, seven days per week.

www.gaithersburgmd.gov/recxpress

Call 301-258-6350 to get your **pin number**.

contact names and numbers

Jugs Baseball, Track and Field, Start Smart
David Ludington, Recreation Supervisor
301-258-6350 x113

Girls Softball, T-Softball, T-Baseball
Pam Truxal, Recreation Supervisor
301-258-6350 x121

Soccer
Siobhan Halmos, Recreation Supervisor
301-258-6350 x134

Youth and Teen Volleyball
Monique Comstock, Recreation Supervisor
301-258-6350 x117

inclement weather line

301-330-0050

Girls Softball	ext. 2421
Boys T-Ball	ext. 2421
Youth and Teen Baseball	ext. 2422
Youth and Teen Volleyball	ext. 2433
Soccer	ext. 2420
Track and Field	ext. 2423



SPORTS REGISTRATION FORM

Registration deadline is Thursday, March 1, 2012

Participant Information

Participant's Last Name

Participant's First Name

Sex

M F

Birthdate (MM-DD-YR)

Grade

School

Activity #

Class Name

Fee

\$

Additional information/special request: _____

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

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 indicate what accommodations are needed : _____

Parent /Guardian Information

Parent/Guardian Last Name

Parent/Guardian First Name

Mother Father

Address

Apt. #

City

State

Zip Code

Home Phone

Work Phone

Ext.

Cell Phone

If you would like to receive information on City of Gaithersburg programs, please provide your e-mail address:

Are you interested in coaching a team? If yes, please leave us your information:

Name _____ Telephone _____

E-mail _____

Waiver of Liability

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. The participant also consents to the City's use of any photographs taken or video tapes made of the program. I have read and agree to conduct myself in accordance with the City's guidelines at youth sports activities. Please read the City's Code of Ethics for parents/guardians.

Print Parent/Guardian Name

Signature of Parent/Guardian

Amount Paid \$ _____ Cash Check # _____
Visa/MC/Discover _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date _____