WINTER 09-10 SPORTS REGISTRATION FORM

Participant Information

Participant's Last Name

Participant's First Name

Sex M ☐ F ☐

Birthdate ☐☐—☐☐—☐☐

Grade ☐☐

School

Activity #

Activity/Class Name

Fee

$ ☐☐.☐☐

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

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

Parent /Guardian Information

Parent/Guardian Last Name

Parent/Guardian First Name

Address

Apt. #

City

State

Zip Code

Home Phone

Work Phone (Dad)

Work Phone (Mom)

Additional information/special request:

_____

_____

_____

_____

_____

Registration deadline is Thursday, Nov. 19, 2009

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 _____

N.Y.S.C.A (National Youth Sports Coaches Association)

Mom/Dad interested in coaching? YES ❑ NO ❑

Assistant coaching? YES ❑ NO ❑

Is

NYSCA - *is a certification program to train volunteer coaches on how to work with youth in a sports setting. The City of Gaithersburg offers the NYSCA program to all coaches.*

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 : _____

_____

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 _____