

Join us on a GYC trip to the trampoline arena...



Rebounderz

22400 Davis Dr. Sterling VA 20164
Followed by Shopping at Dulles Town Center



Monday, April 14, 2014

11:15 a.m. – 5:30 p.m.

Meet and pickup at the Activity Center at Bohrer Park
506 S. Frederick Ave. Gaithersburg, MD 20877

\$20 GYC members/\$25 Non-members

2 PAGE ATTACHED WAIVER MUST BE SIGNED BY ALL PARENTS. Socks & sneakers required.

Registration Information:

Return or mail Permission Slip and Payment to **City of Gaithersburg:**

GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the City of Gaithersburg. Visa, Discover, & MasterCard accepted.

**** Bring: Lunch. Money for food and shopping (optional).****

Participants responsible for their own money.

Registration Deadline: Thurs, Apr 10

Questions? Call Jesse Green at 301-258-6350 x 165



Gaithersburg
A CHARACTER COUNTS! CITY

GYC Rebounderz Registration Form #39550

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

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident Nonresident
Email _____

| Participant's Name | Sex M/F | Birthdate M/D/Y | Activity Name | Activity # | Date | Grade | School | Fee |
|--------------------|------------|--------------------|---------------|------------|---------|-------|--------|-----|
| | | | Rebounderz | 39550 | 4/14/14 | | | |

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 my/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 any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y N

Please specify: _____

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.

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

Office Use Only: 39550

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