

CAMP REGISTRATION FORM

Child's Name: _____ Date of Birth: ____/____/____
 Current School Grade _____ Current School Attending _____ Sex _____
 Does child have any allergies, medications or conditions that may affect participation? Yes No
 Please specify: _____

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

City Resident (R) Nonresident (NR)

Parent's Last Name _____ First Name _____
 Address Apt/Unit _____ Home Phone _____
 City/State/Zip _____ Cell Phone _____
 Email Address _____ Work Phone _____

Do you wish to receive E-newsletters with camp information? Yes No

Select method of payment: Payment in full Payment plan option (see page 17)

PARTICIPANT

Name (Last, First)	Sex	Birthdate M/D/Y	Camp/Program Name	Activity #	Fee
<i>Example: Smith, Mary</i>	F	02/14/08	<i>Camp Discovery</i>	46509	\$00.00
TOTAL \$					

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made **at least** three weeks prior to the start of the program. Please 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.

If I have chosen the Payment Plan Option, I agree to pay a 3% late fee if the payment is received more than five (5) days after the due date. Outstanding payments as June 2, 2017 may result in my child being withdrawn from the program.

 Print Participant or Parent/Guardian Name

 Signature of Participant or Parent/Guardian

PAYMENT	
Amount Paid \$ _____	Cash <input type="checkbox"/> Check # _____
Visa/MC/DISC/AMEX# _____	Exp.Date ____/____
Signature (name on card) _____	
Print Name _____	

OFFICE USE ONLY:	
Rec'd: _____	Initials _____
W M F	Resident: Y N
Pr: _____	
Date _____	