



Gaithersburg
A CHARACTER COUNTS! CITY

Summer 2016 School of Skate



Beginner & Intermediate Skateboard Clinic

Session 1 June 27 - July 1

Session 2 July 11 - July 15

Session 3 July 25 - July 29

Session 4 August 8 - August 12

Session 5 August 15 - August 19

General Information

- Must be 7 - 13 years old by the first day of the program.
- Participants are required to bring their own skateboards.
- Participants must wear a helmet, and the use of elbow and knee pads is strongly recommended (use of rental protective gear covered in cost).
- The School of Skate will take place at the Gaithersburg Skate Park (510 S Frederick Ave)
- Please note that on inclement weather days, skaters will be moved into the Activity Center to participate in fun, skate-related activities.
- Skaters must have a Skate Park waiver signed by parent/guardian before participating.
- Checks made payable to the City of Gaithersburg. Visa, MasterCard and Discover cards accepted.



Skateboarding Clinic - Summer School of Skate (Beginner & Intermediate)

The Gaithersburg Skate Park presents the School of Skate, taught by the City's very own private instructors! Through a combination of group and one-on-one instruction, our skate instructors create a positive environment that will help your child become a safer, better skater. Although the beginner and intermediate clinics cover different skills, instruction will occur simultaneously. Coaching will be provided for skaters of all different levels. Following a preliminary assessment by our instructors, participants will be assigned to a unit with fellow skaters of the same skill-set. The beginner instruction is designed for skateboarders who can maneuver on open flat surfaces. The intermediate instruction is intended for skaters who have some experience in a skate park. Students are then encouraged to progress at their own rate through a combination of group and one-on-one instruction.

301-258-6359 or 301-258-6350 · www.gaithersburgmd.gov
skatepark@gaithersburgmd.gov

****See reverse side for registration details****

School of Skate Summer 2016

Registrations can be mailed/emailed/dropped off/faxed, or you can register online using

RecXpress www.gaithersburgmd.gov
 506 S Frederick Ave, Gaithersburg, MD 20877
 skatepark@gaitersburgmd.gov
 301-258-6350 (office) / 301-948-8364 (fax)

Class Name	Day	Time	Dates	Activity #	Resident Fee	Nonresident Fee
Session 1	M-F	9:00am-noon	June 27-July 1	43609	\$125	\$150
Session 2	M-F	9:00am-noon	July 11-15	43610	\$125	\$150
Session 3	M-F	9:00am-noon	July 25-29	43611	\$125	\$150
Session 4	M-F	9:00am-noon	Aug 8-12	43612	\$125	\$150
Session 5	M-F	9:00am-noon	Aug 15-19	43613	\$125	\$150

**Please note that in the event of inclement weather, skaters will be moved inside to the Activity Center to participate in fun, skate-related activities.*

REGISTRATION FORM

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

YES! Add me to the Skate Park email list.

Email: _____

Payer's Last Name _____ Payer's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident Nonresident

Participant's Name	M/F	Birthday	Activity Name	Class #	Location	Date	Grade	School	Fee
					Sk8 park				
					Sk8 park				
					Sk8 park				

Total \$ _____

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 and/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? Yes No

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least 3 weeks prior to the start of the program. Please indicate what accommodations are needed:

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

Office Use Only:
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ RW _____