



SPORTS REGISTRATION FORM

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 provide 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 _____