

# Please return forms to Activity Center!



City of Gaithersburg 301-258-6350 [www.gaithersburgmd.gov](http://www.gaithersburgmd.gov)

## Break Blast to SKATE N FUN ZONE In Manassas, VA



For 1st-5th grade children

**Monday, Jan. 25th, 2016**

**8:30am-4:30pm**



### Drop-off/Pick up at Activity Center at Bohrer Park

Participants will enjoy their morning playing games in the gym and then practice roller skating in a private rink in the afternoon! Children may bring \$ for snacks.

Cost: Resident \$21/ Nonresident \$26

Registration is limited to the first 60 participants. \*Trip destination subject to change

Children will need to BRING a lunch

A late fee of \$3 per every 10 minutes will be charged to all late parents.

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877 or fax to: 301-948-8364, or register online at [www.gaithersburgmd.gov/recxpress](http://www.gaithersburgmd.gov/recxpress). Checks made payable to the City of Gaithersburg. Visa, MasterCard and Discover cards accepted.

Questions? Contact Sydney Stasch at 301-258-6350 ext. 126 or [sstasch@gaithersburgmd.gov](mailto:sstasch@gaithersburgmd.gov)

### Registration Form for Skate n Fun Zone

Activity # 42988

Check here if new address/phone since last time registered. City Resident  Nonresident   
 Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_  
 Email \_\_\_\_\_ (to receive trip updates)

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	08/02/05	Roller Skating	42988	ACBP	3	BSES	\$\$
			Roller Skating	42988	ACBP			\$\$
			Roller Skating	42988	ACBP			\$\$

What is your child's shoe size? \_\_\_\_\_

Do any of your children have any allergies, medications, or conditions that may affect participation in the program?

Y  N \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program 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 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. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_

Visa/MC/Disc# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

Office Use Only: # 42988

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ RW \_\_\_\_\_

