



GAITHERSBURG YOUTH CENTER TRIP

HORSEBACK RIDING

FRIDAY, SEPT. 30

1:00PM-5:30PM

\$30
MEMBERS ONLY

SEPTEMBER 30 IS A HALF DAY!

JOIN THE GYC FOR A TRIP TO THE MISTY MANOR HORSE STABLES!

WE WILL BE LEAVING THE GYC PROMPTLY AT 1:00PM

TRIP PARTICIPANTS WILL BE RETURNED TO THE GYC AND ARE WELCOME TO STAY UNTIL IT
CLOSES AT 6:00PM.

PLEASE FILL OUT THE RELEASE FORM ON THE REVERSE

MISTY MANOR STABLES

7621 RIDGE RD.
MARRIOTTSVILLE, MD 21104

GYC AT OLDE TOWNE

301 TEACHERS WAY
GAITHERSBURG, MD 20877

GYC AT ROBERTSON PARK

801 RABBITT RD.
GAITHERSBURG, MD 20878

Registration Information:

Return Permission Slip & Payment
to City of Gaithersburg:

Activity Center/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, &
AMEX accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

HORSEBACK RIDING #45689

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
			Horseback Riding	45689	9/30/16			30.00

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/AMEX/Disc# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 45689
Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____