

RETURN FORMS TO THE OLDE TOWNE YOUTH CENTER OR ACTIVITY CENTER AT BOHRER PARK

Canoeing & Cleanup

Clopper Lade at Seneca State Park, 11950 Clopper Rd, Gaithersburg, MD 20878

Student Union Members
Grades 9 - 12

Friday, September 30, 2016
12:00-4:00pm

Meet at the Activity Center at Bohrer Park
506 S Frederick Ave (Next to GHS)

Registration is on a first come, first served basis. If you sign up and cannot go, notify Maura at 301-258-6350 no later than Thursday, September 29, so that others have the chance to go.

The day includes a park cleanup project followed by canoeing.

Lunch is not provided. Bring water and snacks.
Wear close-toed shoes and long pants.

FREE! Space is limited!
SSL HOURS

For more information contact
Maura Dinwiddie at 301-258-6350 x168
506 South Frederick Avenue
Gaithersburg, MD 20877



Student Union - Canoe & Cleanup - 9/30/16

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

Payer's Last Name _____ Payer'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 #	Location	Start Date	Grade	School
			Canoe & Cleanup	45733	ACBP	9/30/16		
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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? **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 at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ ___ n/a _____ Cash Check # _____
 Visa/MC/Disc/Amex# _____ Exp. Date ___/___
 Signature (name on card) _____
 Print Name _____

Office Use Only: # 45733
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ Date: _____