

CLASS REGISTRATION FORM

**This registration form may be used to register for all classes listed in the Go! Gaitherburg Guide.
Multiple registrations may be included on one form for members of the same family.
Unsigned forms will be returned and not processed.**

MAIN CONTACT

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

First Name _____ MI _____ Last Name _____ M F

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident Nonresident

Cell Phone _____ E-mail _____

Do you wish to receive occasional E-newsletters? Yes No

PARTICIPANTS

Name (First Name, MI, Last Name)	Sex M/F	Birthdate M/D/Y	Age	Activity/ Class Name	Activity #	Start Date	Fee

Please describe any specific accommodations you are requesting based on physical, psychiatric, behavioral or other concerns.

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable laws. Requests must be made at least three weeks prior to the start of the program by calling 301-258-6350. Program entry may be delayed/denied if the request does not allow the city sufficient time to consider/arrange accommodations.

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg (City). I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. I also understand that I am responsible for making a request for reasonable accommodations under the Americans with Disabilities Act and other applicable law. Furthermore, I understand that although safety precautions will be observed, the City, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines. I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received.

Print Participant or Parent/Guardian Name

Signature of Participant or Parent/Guardian

PAYMENT	
Amount Paid \$ _____	Cash <input type="checkbox"/> Check # _____
Visa/MC/DISC/AMEX# _____	Exp. Date ____/____
Signature _____	
Print Name (Name on Card) _____	

OFFICE USE ONLY:	
Rec'd: _____	Initials _____
W M F	Resident: Y N
Pr: _____	
Date _____	