

SPORTS REGISTRATION FORM

For the fastest and most convenient way to register, visit us online at www.gaithersburgmd.gov/recXpress

Parent /Guardian Information

First Name, Middle Initial, Last Name _____

Street Address _____

Apt./Unit _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Birth Date ____/____/____

Email Address _____

Do you wish to receive E-newsletters? Yes No

Participant/Registration Information

First Name, Middle Initial, Last Name _____

Birth Date ____/____/____

Sex F M

Activity # _____

\$ _____
Activity Fee

Grade _____

School _____

Activity Name _____

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. Please indicate what accommodations are needed:

Please specify any additional information/special requests:

Do you wish to coach a team? Yes No

Waiver of Liability

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. 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. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, 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 video 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.

Print Parent/Guardian Name

Signature Parent/Guardian

PAYMENT

Amount Paid \$ _____ Cash Check # _____ Visa/MC/DISC/AMEX _____

Signature (name on card) _____ Exp.Date ____/____

PAYER INFORMATION IF DIFFERENT FROM ABOVE

Name _____

Street Address, Apt., City, State, Zip _____

Primary Phone _____ Date of Birth _____

Email _____

OFFICE USE ONLY:

Rec'd: _____

Initials _____

W M F

Resident: Y N

Pr: _____

Date _____