

SPORTS REGISTRATION FORM

Please complete one form per person. Unsigned forms will be returned and not processed.

PARENT/GUARDIAN INFORMATION

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

First Name _____ MI _____ Last Name _____ M F

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ City Resident Nonresident

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

Do you wish to coach? Yes No

PARTICIPANT INFORMATION

First Name _____ MI _____ Last Name _____ M F

Child's Birth Date: _____ School Grade: _____ Attending School: _____

Activity Number _____ Activity Name _____ Fee _____

Please specify any additional information/special request _____

What is your race/ethnicity? (Optional) You may select more than one.

- American Indian/Alaskan Native Black or African American Asian Other
 Hispanic or Latino or Spanish Origin of Any Race Two or More Races White

Please describe any specific accommodations you are requesting based on physical, psychaitric, behavioral or other concerns : _____

I hereby voluntarily wish to attend or virtually participate through the Internet on-line, and/or grant permission for a family member under my custody or supervision to attend or virtually participate through the Internet on-line in 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, injury or illness 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 privacy risks associated with any on-line Internet participation, and as to any and all such uses, whether in person, online or both, hereby assume any and all risks and hazards associated with any harm, injury or illness to me and/or the family member therewith, waive any claim against the City as to any safety, illness or privacy concerns, and shall be solely responsible for my own participation and safe and reasonable use.

I accept, acknowledge and understand that the City and City staff will to the best of their ability require and enforce all applicable requirements which may assist in offering protection from the COVID-19 epidemic, as specified in the attached Center for Disease Control guidelines and including but not limited to social distancing, sharing of supplies and equipment, and cleaning and hand washing, but understand the atmosphere of the activity may not allow perfect enforcement and assume the risk of me or my family member's participation and waive and release the City from all claims and liabilities of any kind related to that participation or any requirement imposed on me or my family member as the City and City staff makes their best efforts to comply with the attached guidelines.

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, for any claim of any privacy violation through our on-line participation, or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs, recordings, data and/or videotapes made of the program, whether on-line or provided in person. 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 rules and regulations for on-line participation and any facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal or barred from virtual on-line Internet participation 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. (Revised 5-18-20)

Print Parent/Guardian Name

Signature Parent/Guardian

PAYMENT INFORMATION

Amount Paid \$ _____ Cash _____ Check # _____
Visa/MC/DISC/AMEX# _____ Exp.Date ____/____
Print Name (Name on Card) _____
Signature: _____

OFFICE USE ONLY

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