RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

Volunteer at Leashes 'n Lights

STUDENT UNION
GAITHERSBURG STUDENT UNION

Tuesday - November 20, 2018
4:00 - 9:45pm

Activity Center at Bohrer Park

506 S Frederick Ave
Gaithersburg, MD 20877
Transportation provided to/from Winter Lights at Seneca State Park.

Student Union Members

(Grades 9-12)
SSL HOURS!

StudentUnion@gaithersburgmd.gov
301-258-6350 office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877

Volunteers will run a hot chocolate station, greet event-goers, and assist with clean-up.
This is event is outside—dress for the weather!
Space is limited! Pre-registration is required.

Please note: Students are assigned to stations & are not always under direct supervision. Volunteers must work Independently & complete assigned tasks to earn SSL Hours.

SU Leashes 'n Lights 11.20.18

Parent's Last Name_____ Parent's First Name_____
Address _____City/State/Zip_____
Home Phone_____ Work Phone _____ City Resident □ Nonresident □
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Leashes 'n Lights	ACBP		
			Leashes 'n Lights	ACBP		

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. ___/___
Signature (name on card) _____
Print Name_____

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