

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

# Outdoor Ice Skating

131 Gibbs St. Rockville, MD 20850

**Monday, January 28, 2019**  
**12:00-3:00pm**

**Meet at the Activity Center  
at Bohrer Park**

506 S Frederick Ave  
Gaithersburg, MD 20877

**Student Union & Forever Sisters  
Grades 9-12**

**\$12**

Dress in warm clothes & wear socks!  
Bring money to buy lunch at one of the restaurants in  
Rockville Town Square, or bring a bagged lunch.  
At times during the trip, students will be permitted  
to explore the square in pairs/groups without staff.  
Space is limited. Register early!



301-258-6350  
StudentUnion@gaithersburgmd.gov  
506 South Frederick Avenue  
Gaithersburg, MD 20877

## Student Union & Forever Sisters - Ice Skating 1/28/19

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

Parent's Last Name \_\_\_\_\_ Parent'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	Location	Start Date	Grade	School
			Ice Skating	ACBP	1/28/19		
			Ice Skating	ACBP	1/28/19		

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: # 7744**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident: Y N  
Pr: \_\_\_\_\_ Date: \_\_\_\_\_