

CAMP REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER CHILD

CHILD

First Name _____ Middle Initial ____ Last _____ Sex: F M

Date of Birth ____/____/____ Current School Grade ____ Current School Attending _____

Does child have any allergies, medications or conditions that may affect participation? Yes No

Please specify: _____

Check here if new address/phone number since last time registered City Resident (R) Nonresident (NR)

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

The City is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable laws. Request must be made three weeks prior to program start date 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.

PARENT/GUARDIAN

First Name _____ Middle Initial ____ Last _____

Address _____ Apt/Unit _____ Home Phone _____

City/State/Zip _____ Work Phone _____

Cell Phone _____ Receive text messages with program information? Yes No

Carrier: Verizon Sprint AT&T T-Mobile Other _____

Email Address _____

Do you wish to receive E-newsletters with camp information? Yes No

Select method of payment: Payment in full Payment plan option

Camp/Program Name	Activity Number	Fee

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 Parent/Guardian Name

Signature of Parent/Guardian

PAYMENT
 Amount Paid \$ _____ Cash 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 _____

REGISTRATION