

RETURN FORMS TO THE ACTIVITY CENTER AT BOHRER PARK

Volunteer at the St. Patrick's Day Parade

Saturday - March 16, 2019
7:00am - 12:00pm

Activity Center at Bohrer Park
 506 S Frederick Ave. Gaithersburg, MD 20877
Transportation provided to/from Washingtonian Center.

Student Union (grades 9-12)
SSL Hours!

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



Inflate and distribute balloons to parade-goers and march with City programs in the parade!

WEAR GREEN!

BRING SNACKS OR MONEY FOR FOOD.

Please note: At times during the event, volunteers are assigned to locations where they are not under direct staff supervision. Volunteers must work independently for portions of the day and complete assigned tasks to earn SSL Hours.

Student Union Volunteers at the St. Patrick's Day Parade 3-16-19

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
			St. Patrick's Parade	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: _____