

Group Skateboarding Lessons Spring 2026

General Information

- Ages 7 - 14
- Participants are required to bring their own skateboards. Skateboards available for rent.
- Use of protective gear is included in lesson cost.
Supplies are limited, so please bring your own if possible.
- Each class is one 2-hour session.
- All lessons will take place at the Gaithersburg Skate Park (510 S Frederick Ave)
- If a lesson is canceled due to weather, the lesson will be conducted on the make-up day.
- Participants must have a liability waiver signed by parent/guardian.
- Checks made payable to the City of Gaithersburg.
Visa, MasterCard and Discover cards accepted.

Beginner & Intermediate - Mixed Levels 1 & 2

The City's split skills class gives participants the opportunity to advance at their own rate and review concepts and objectives when necessary. Following a preliminary assessment by our instructors, participants will be assigned to a unit with fellow skaters of the same skill set. The beginner instruction is designed for skateboarders who can maneuver on open flat surfaces. The intermediate instruction is intended for skaters who have some experience in a skate park. Students are then encouraged to progress at their own rate through a combination of group and one-on-one instruction.

- *Park etiquette*
- *Kick-turns*
- *Tac-turns*
- *Riding Fakie*
- *Ollies*
- *Pumping*
- *Safe Approach to Ramps*
- *Dropping in*

301-258-6359 or 301-258-6350 · www.gaithersburgmd.gov

Fax 301-948-8364

skatepark@gaithersburgmd.gov

****See reverse side for registration details****

Group Skateboarding Lessons -

Mixed levels 1&2 (Beginner/Intermediate Class)



Select Saturdays ~ 10am-Noon

R \$23/NR \$30 per class

Dates	Active #	Dates	Active #	Dates	Active #
April 4	19525	May 2	19527	May 30	19529
April 18	19526	May 16	19528		

- Inclement Weather Policy:** In the event a lesson is canceled due to inclement weather, participants will be placed in a make-up class for the following class. If participants are unable to attend any of the make-class dates, refund requests must be submitted in writing.

Registration forms can be turned in to the Activity Center at Bohrer Park via mail, email, drop off, or fax. See reverse side for information.

REGISTRATION FORM

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

Do you wish to receive Skate Park Program emails/updates?

Email: _____

Payer's Last Name _____ Payer's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident Nonresident

Participant's Name	M/F	Birthday	Activity Name	Class #	Location	Date	Grade	School	Fee
					Sk8 park				
					Sk8 park				
					Sk8 park				

Total \$ _____

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 were 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 _____

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

Please specify: _____

The City is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable laws. Requests 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. Please describe any specific accommodations you are requesting based on physical, psychiatric, behavioral or other concerns. _____

Amount Paid \$ _____ Cash <input type="checkbox"/> Check # _____ Visa/MC/Discover # _____ Exp. Date ____/____ Signature (name on card) _____ Print Name _____	Office Use Only: Rec'd: _____ Initials _____ W P M F Resident: Y N Pr: _____ RW _____
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