

# REGISTRATION FORM one per child

## Child

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_\_\_\_ 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: \_\_\_\_\_

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. Requests should be made by May 15, 2026 by contacting [summercamps@gaithersburgmd.gov](mailto:summercamps@gaithersburgmd.gov). Program entry may be delayed/denied if the request does not allow the City sufficient time to consider/arrange accommodations.

## Parent

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

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

City Resident  Nonresident

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

Method of payment:  Payment in full  Payment plan

### Camp Program

### Activity Number

### Fee

Camp Program	Activity Number	Fee

## Release Form

I hereby voluntarily wish to attend or virtually participate through the Internet online, and/or grant permission for a family member under my custody or supervision to attend or virtually participate through the Internet online in 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, injury or illness 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 privacy risks associated with any online Internet participation, and as to any and all such uses, whether in person, online or both, hereby assume any and all risks and hazards associated with any harm, injury or illness to me and/or the family member therewith, waive any claim against the City as to any safety, illness or privacy concerns, and shall be solely responsible for my own participation and 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, for any claim of any privacy violation through our online participation, or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs, recordings, data and/or videotapes made of the program, whether on-line or provided in person. 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 rules and regulations for online participation and any facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal or barred from virtual online Internet participation 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. I understand and agree to pay a late fee of \$1 per every 1 minute per child for late pickup of my children. Revised 1-1-2024

Printed Parent/Guardian Name \_\_\_\_\_

Signature Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

## Payment

Amount Paid \$ \_\_\_\_\_  Cash Check # \_\_\_\_\_

Visa/MC/DISC/AMEX# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name (name on card): \_\_\_\_\_

Signature \_\_\_\_\_

## Office Use Only

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W M F Resident: Y N

Pr: \_\_\_\_\_

Date: \_\_\_\_\_

**Versión en español  
disponible en línea.**

