

2017 "Gaithersburg Skis" Program Registration Form

Welcome to the City of Gaithersburg's "Gaithersburg Skis" Program and our 18th year offering the Night Club Card (NCC) packages! We look forward to another great winter season with trips to Liberty and Whitetail.

Please complete all FIVE forms within this packet (a. this form, b. NCC Agreement, c. Picture Options, d. Character Agreement, e. GYC or SU Form) before making your payment. Participants MUST SIGN both the NCC and Character Agreements. In addition, please note that the Picture Options Form specifies that a **PHOTO OF THE PARTICIPANT MUST BE UPLOADED OR ATTACHED TO THE NCC AGREEMENT.** You can mail all paperwork to the address below or bring it to the Activity Center at Bohrer Park. **To receive Early Bird prices, we must have all information and payment by Friday, Nov. 4, 2016.** The deadline for open (regular registration) is **Friday, Dec. 16, 2016.**

Mailing Address: Activity Center at Bohrer Park (ATTN: "Gaithersburg Skis" Program)
506 South Frederick Ave., Gaithersburg, MD 20877



Please contact Jake Hersom at 301-258-6350 x165 or jhersom@gaitthersburgmd.gov with any questions.

2017 "Gaithersburg Skis" Program

Participant Name _____ Grade (Fall'16) _____
 Birth date _____ School _____ Age _____ Sex M/F _____
 Address _____
 City/State/Zip _____
 Home # _____ Cell (Dad) _____ Cell (Mom) _____

Early Bird Prices - #46139: Please select one below before Nov. 4, 2016.

Check your option: *Lift Card* ___ \$316.00 *Lift Card w/advantage* ___ \$341.00
Lift & Lesson Card ___ \$361.00 *Lift & Lesson Card w/advantage* ___ \$386.00
Lift, Lesson, & Rental Card ___ \$401.00 *Lift, Lesson, & Rental Card w/advantage* ___ \$426.00
Transportation Only ___ \$137.00

Regular Prices - #46140: Please select one below from Nov. 5 - Dec. 16, 2016.

Check your option: *Lift Card* ___ \$341.00 *Lift Card w/advantage* ___ \$366.00
Lift & Lesson Card ___ \$386.00 *Lift & Lesson Card w/advantage* ___ \$411.00
Lift, Lesson, & Rental Card ___ \$426.00 *Lift, Lesson, & Rental Card w/advantage* ___ \$451.00
Transportation Only ___ \$137.00

ADDITIONAL PLAN OPTIONS: Please select as many of the options below as needed.

Protection Policy Plan ___ \$8.00 *8-Meal Plan* ___ \$80.00 *Helmet Plan* ___ \$55.00

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. Please call 301-258-6350 to indicate what accommodations are needed.

I hereby grant permission for my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for 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 my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program.

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Amount Paid \$ _____ Cash _____ Check # _____
 Visa/MC/Discover/Amex # _____ Exp. ____/____
 Signature (name on card) _____
 Print name _____

Office Use Only: Early #46139/ Regular #46140
 Rec'd _____ W P M F
 Resident: Y N PR: _____ RW# _____