

# Gaithersburg Youth Center Trip (Grades 6-8)

**\$25**  
Members Only

# LURAY CAVERNS

**Mon., Nov. 7**  
**9am-5:30pm**

**BOHRER PARK ACTIVITY CENTER**  
506 S. FREDERICK AVE.  
GAITHERSBURG, MD 20877

**LURAY CAVERNS**  
101 CAVE HILL RD  
LURAY, VA 22835

**Registration Information:**  
Return Permission Slip & Payment to **City of Gaithersburg:**  
Activity Center/GYC Trip  
506 S. Frederick Ave.  
Gaithersburg, MD 20877  
**Or fax form to 301-948-8364**  
Checks made payable to the **City of Gaithersburg.** Visa, Discover, MasterCard, & AMEX accepted.

**JOIN US FOR A FANTASTIC TRIP TO LURAY CAVERNS!**  
THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 9:00AM AND RETURN PARTICIPANTS TO THE GAITHERSBURG YOUTH CENTER AT 5:30PM  
Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.  
**\*\*Program participants may be in groups which may or may not include a staff member\*\***

 **Questions? Call Maura Dinwiddie or Jake Herson at 301-258-6350**  
*Gaithersburg Parks, Recreation & Culture - Move...Play...Grow*

## Luray Caverns 11/7/16 #45703

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

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident  Nonresident   
 Email \_\_\_\_\_

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
			Luray Caverns	45703	11/7/16			\$25

*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 an/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 prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_  
 Visa/MC/DISC/AMEX# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_  
 Signature (name on card) \_\_\_\_\_  
 Print Name \_\_\_\_\_

**Office Use Only: 45703**  
 Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
 W P M F Resident: Y N  
 Pr: \_\_\_\_\_ Date: \_\_\_\_\_