

Student Union

Grades 9-12

City Residents - \$6/year
Nonresidents - \$12/year

*Please note that not all Gaithersburg mailing addresses are in the corporate City limits. Call 301-258-6350 if you have questions about residency.

Membership Includes:

- Student Service Learning (SSL) opportunities
- After school programs at Bohrer Park
- Olde Towne & Robertson Park Youth Centers
- GYC Music Studios
- Field Trips & Fundraisers

MEMBERSHIP IS GOOD FOR 1 YEAR FROM THE DATE OF REGISTRATION.

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 mdinwiddie@gaitersburgmd.gov
www.gaithersburgmd.gov

The school I attend is:

- GHS QOHS
 WMHS NWHS
 Other _____



Gaithersburg
A CHARACTER COUNTS! City

High School Student Union Membership

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	Grade	Fee
			HS Student Union		
			HS Student Union		

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

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least 3 weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** **N**

Please specify:

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

Office Use Only:

Rec'd: _____ Initials _____
 W P M F Resident: **Y** **N**
 Pr: _____ Date: _____