



# Cabin John Ice Rink

## Group Lesson Registration Form

Please Print Clearly—Thank You!

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If any of the above information is new, please check here:

| Student Name | Date of Birth   | Gender | 1 <sup>st</sup> Choice Class # | 2 <sup>nd</sup> Choice Class # |
|--------------|-----------------|--------|--------------------------------|--------------------------------|
| _____        | ___ / ___ / ___ | M F    | _____                          | _____                          |
| _____        | ___ / ___ / ___ | M F    | _____                          | _____                          |
| _____        | ___ / ___ / ___ | M F    | _____                          | _____                          |

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Important Notices



- To ensure the security of your credit information, **fax registrations are no longer accepted.**
- Class placement/registration is not guaranteed until payment is received. Classes fill up quickly, so for best class availability, register online via [ParkPASS.org](http://ParkPASS.org) or in person at the facility.
- A \$10 fee will be charged for late registrations and/or class switches after initial enrollment.
- The Montgomery County Department of Parks encourages and supports the participation of individuals with disabilities. Please notify a facility manager as early as possible to request and receive a disability accommodation.

The participant assumes all risks associated with participation in the program. M-NCPPC assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, M-NCPPC encourage participants to consult their physicians concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to M-NCPPC use of any photographs taken or videotapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

#### Payment Method (check one)

Cash (accepted in person only)

Check \$ \_\_\_\_\_ # \_\_\_\_\_

(Please make check payable to: **M-NCPPC**)

Credit card: MasterCard or Visa is accepted in person, online at [ParkPASS.org](http://ParkPASS.org), or via the ParkPASS phone reservation system at 301-962-1477 (you must have a ParkPASS account).

**Do not write credit card number on this form.**

#### For Office Use Only

Date Received:

\_\_\_ / \_\_\_ / \_\_\_

Group Lesson Card made? Yes \_\_\_ No \_\_\_

Initials: \_\_\_\_\_

Revised 09/10

