

Montgomery County Youth Advisory Committee
and Students Against Destructive Decisions Present

BATTLE OF THE BANDS

Saturday, March 21, 2009, 7:00-11:30pm

Doors open at 6:30pm

\$10 per person, canned food donation accepted

Executive Office Building
Terrace Level, 101 Monroe Street
Rockville, Maryland

Rock Band!

Prizes!

Air Brush Tattoos!

Dancing!

DJ!

Montgomery County Youth ID Required.
High School and Middle School Students only!



DRAWING THE LINE 

ON UNDERAGE ALCOHOL USE

GRAND
PRIZE
donated
by

Sheffield
AUDIO-VIDEO
PRODUCTIONS

Montgomery County
RECREATION
DEPARTMENT

Please call 240-777-6985 or visit www.montgomerycountymd.gov/rec for more information.

Montgomery County Department of Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please call a Therapeutic Recreation Specialist at 240-777-4925 V /240-777-6974 TTY to request accommodations no later than two weeks prior to the activity.

Come join the fun!

Here's all you do:

- Please read and sign the Teen Program Rules below.
- Complete the registration form below.
- Bring the form with payment to the event.

For more information, call 240-777-6985.

Behavior Policy

The Mission of the Department of Recreation-Teen Team is to provide fun and safe recreation and leisure services for youth.

Teen Program Rules

- Youth must attend school in Montgomery County or be a Montgomery County resident in 6th to 12th grade.
- Smoking, use of alcoholic beverages or other drugs, vandalism, possession of weapons (no pocketknives, chains, etc.) or misconduct will result in immediate notification of parents and appropriate disciplinary action.
- Appropriate dress and language are expected at all times. (Inappropriate clothing includes any which advertises or advocates the use of cigarettes, alcohol, or other drugs or which does not adequately cover the body.)
NO HATS, DO RAGS, BANDANAS.
- Appropriate dancing is expected at all times. (no moshing, sandwiching, grinding or bending over).
- If you choose to leave the activity, you may not re-enter and must leave the premises.
- Absolutely no water, drinks or food may be brought in to the event.
- Participants must maintain an atmosphere free from all forms of sexual harassment.
- Upon entrance you agree to be searched.
- Late Pick Up Policy: An overtime fee of \$10 for each fifteen minutes (or portion of fifteen minutes) per student is assessed regardless of the reason for being late. Payment is due at the time of pick up. The student may not participate in future events until late payment is made. Repeated offenses may result in the student not being allowed to participate in future events.

I have read the rules and regulations for Teen program activities and agree to abide by them. I realize that failure to obey these rules may result in my removal or expulsion from these events.

Student's Signature _____ Date _____

Parent's Signature _____ Date: _____

Payment Information

Full payment is due with registration. Non-county residents pay an additional \$10 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received. In addition, all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

Montgomery County
RECREATION DEPARTMENT **Registration Form**

Check here if new address/phone/email.
Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
(if under 18 years) Mother's Name _____ Email _____
(Student Info) Home Phone () _____ Work Phone () _____ Cell Phone () _____
Father's Name _____ Email _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

| Participant's Name (last, first) | Birthdate mm/dd/yy | Sex m/f | School Attending | Grade | Activity Name | Course Number | Location | Start Date | Start Time | Fees* |
|-------------------------------------|-----------------------|------------|---------------------|-------|---------------|------------------|----------|---------------|---------------|-------|
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*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity.

Check or Money Order payable to MCRD.

Total Amount Due: \$

Master Card Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes 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.

Participant or Parent/Guardian Signature _____ Date _____