

WOMEN'S 18+ BASKETBALL



A non-competitive, drop-in basketball program, just for women. A great way to meet new people and have fun! All skill levels encouraged.

You choose!

10 weeks of play or 5 session pass

Beginning January 11 & 14, 2015

Wheaton HS • Sundays 10:00am-1:00pm

Walter Johnson HS • Wednesdays 7:00pm-10:00pm

398673	Wheaton HS	Drop-In	Sundays	\$80/\$95	open	10 weeks	1/11/2015
398674	Wheaton HS	Drop-In	Sundays	\$40/\$55	open	5 weeks	1/11/2015
398675	Walter Johnson HS	Drop-In	Wednesday	\$80/\$95	open	10 weeks	1/14/2015
398676	Walter Johnson HS	Drop-In	Wednesday	\$40/\$55	open	5 weeks	1/14/2015

For further information, contact Pat Sullivan at 240-777-6893 or patrick.sullivan@montgomerycountymd.gov

p 240.777.6840 • f 240.777.6818
www.montgomerycountymd.gov/rec

REGISTRATION FORM



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

PARENT/GUARDIAN

Last Name		First Name		Email	
Address			City	State	ZIP
Home Phone		Mobile Phone		Work Phone	

EMERGENCY CONTACT

For participants under 18

Name	Relationship	Phone
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Participant's Name (Last, First)	Birthday (mm/dd/yy)	Sex (m/f)	Grade	Activity Name	Course Number	Fees*

Non-County residents include an additional \$15.00 per participant, per activity.

Total Amount Due:

PAYMENT

If paying by credit card, you may fax your registration form to 240-777-6818. If you need help completing this form, please call 240-777-6840.

<input type="checkbox"/> Check or Money Order <small>Payable to MCR</small>	<input type="checkbox"/> Visa	Name on Card	Card Number	Expiration Date
	<input type="checkbox"/> Mastercard	Payer Address (If Different Than Above)	City	State

MAIL TO: MCR, Attn: Registrar
4010 Randolph Road
Silver Spring, MD 20902

Cardholder Signature _____ Date _____

SIGNATURE REQUIRED

Participant or Parent/Guardian 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 the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.