

**\$10 one-day guest pass fee per guest.**

Please complete the form below and attach payment. Check or cash.

Guests must be in grades 3-6.

**Payment Information:**

Full payment is due at time of registration. Financial assistance cannot be used to pay for a Club Friday guest pass. Call 240-777-6960 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 call 800-665-5222 ext. 2 to arrange payment due for any outstanding checks and service fees.

If you need assistance filling out this form, call 240-777-6960.

☐ Check here if new address/phone/email.

Please print information below. Information should be completed by parent/guardian of guest.

\*One family name per form.

Payer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email : \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Member's Name \_\_\_\_\_ Member's Phone: \_\_\_\_\_

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Location	Fees*
					One-Day Guest Pass	Potomac CRC	
					One-Day Guest Pass	Potomac CRC	
						Total Amount Due:	\$

Check or Money Order payable to "ActiveMONTGOMERY" Check # \_\_\_\_\_ or Cash \$ \_\_\_\_\_

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.

\_\_\_\_\_ Date \_\_\_\_\_

**This form may be duplicated.**