$7 one-day guest pass fee per guest.
Please complete the form below and attach payment. Check or cash.
Guests must be in grades 3-5.

Payment Information:
Full payment is due at time of registration. Financial assistance cannot be used to pay for a Club Friday guest pass. Call 240-773-4800 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 240-773-4800.

☐ 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 ______________________________________ City _______________________ State_______ Zip _________________
Home Phone _________________________ Work Phone __________________________ Cell Phone _____________________
Member’s Name_____________________________________________ Member’s Phone: _____________________________

<table>
<thead>
<tr>
<th>Participant’s Name (last, first)</th>
<th>Birthdate mm/dd/yy</th>
<th>Sex m/f</th>
<th>School Attending</th>
<th>Grade</th>
<th>Activity Name</th>
<th>Location</th>
<th>Fees*</th>
</tr>
</thead>
<tbody>
<tr>
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<td>One-Day Guest Pass</td>
<td>N. Potomac CRC</td>
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<td>N. Potomac CRC</td>
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</tr>
</tbody>
</table>

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.

Parent/Guardian Signature__________________________________________ Date_____________________

(This form may be duplicated)