

# Student Union

**Grades 9-12**

**City Residents - \$6/year**  
**Nonresidents - \$12/year**

*\*Please note that not all Gaithersburg mailing addresses are in the corporate City limits. Call 301-258-6350 if you have questions about residency.*

## Membership Includes:

- Student Service Learning (SSL) opportunities
- After school programs at Bohrer Park
- Olde Towne & Robertson Park Youth Centers
- GYC Music Studios
- Field Trips & Fundraisers

**MEMBERSHIP IS GOOD FOR 1 YEAR FROM THE DATE OF REGISTRATION.**

Maura Dinwiddie or Jake Hersom  
 301-258-6350  
 506 South Frederick Avenue  
 Gaithersburg, MD 20877  
 maura.dinwiddie@gaitersburgmd.gov  
 jake.hersom@gaitersburgmd.gov  
**www.gaitersburgmd.gov**

**The school I attend is:**

- GHS       QOHS   
 WMHS       NWHS   
 Other \_\_\_\_\_



**Gaithersburg**  
 A CHARACTER COUNTS! City

## High School Student Union Membership

Check here if new address/phone since last time registered.

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident  Nonresident

Email \_\_\_\_\_

Participant's Name	M/F	Birthdate M/D/Y	Activity Name	School	Grade	Fee
			HS Student Union			
			HS Student Union			

*I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.*

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Signature of Parent/Guardian**

*The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least 3 weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.*

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**  **N**

**Please specify:**

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_

Make checks payable to City of Gaithersburg.

Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

### Office Use Only:

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_