

# Stay and Play at Twinbrook E.S.

## Study Buddies (New)

This club is for students to have a quiet place to do homework and a little extra help with their assignments. Student tutors work with students individually or in small groups and offer tutoring as well as friendship, encouragement, and guidance. The purpose of the program is to provide opportunities to extend our students' learning time to outside the regular classroom day.

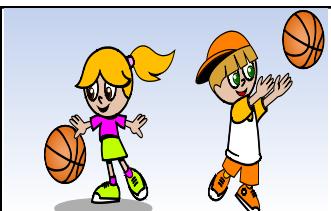
GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
4-5	50087	Fri., 1/23-2/20	3:35-4:45 p.m.	\$35 R/\$42 NR	Fri., 1/16



## Zumbatastic

This class delivers easy-to-follow dances with the perfect blend of upbeat kid friendly hip-hop and pop music making for a total body workout that feels like a celebration. This is a great class for kids to build confidence, get their heart rates up while still having blast. Bring a smile and some energy as we dance our way to better health.

GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
K-5	50074	Tues. 1/27-2/24	3:35-4:25 p.m.	\$59 R/\$69 NR	Tues., 1/20



## Co-Ed Basketball

Improve your basketball skills while having fun with friends in this after school program. Learn rules of the game, ball control, and experience game-like situations while practicing good sportsmanship.

GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
2-5	50068	Wed. 1/21-2/18	3:35-4:40 p.m.	\$49 R/\$55 NR	Wed., 1/14

**To Register:** Complete the form on the back.

Mail to: 111 Maryland Ave., Rockville, MD 20850 or fax to: 240-314-8659.

Register online at [rockenroll.rockvillemd.gov](http://rockenroll.rockvillemd.gov).

For more information, email [recreationclasses@rockvillemd.gov](mailto:recreationclasses@rockvillemd.gov)

# Stay and Play Registration Form

**MAIN CONTACT:** \*required information

\*Home/Cell Phone: \_\_\_\_\_  Check here if new address/phone since last time registered.

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB: / / Sex: M/F

\*Address: \_\_\_\_\_

\*City/State/Zip \_\_\_\_\_

\*Work Phone \_\_\_\_\_ \* Email Address: \_\_\_\_\_

**EMERGENCY CONTACT:** (other than parent or adult participant)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARTICIPANTS:**

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Grade	Fee

Additional Contribution to Recreation Fund: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**Special Needs:** Participants with special needs should contact our office three weeks prior to activity.

**Release, Waiver, Assumption of Risk and Consent**

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

\*Signature of Participant/Guardian 

**PAYMENT** (Make checks payable to: City of Rockville)

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



Exp. Date \_\_\_\_\_ / \_\_\_\_\_

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

**OFFICE USE ONLY:**

Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Other \_\_\_\_\_

Processed by:

Date Processed:

Total Paid: \$ \_\_\_\_\_