

Registration Information

Registration Begins:

- Resident/member Mail, Fax, Walk-in, Phone, Internet:
Thursday, Dec. 10, 8:30 a.m.
- Non-resident/non-member Mail, Fax, Walk-in, Phone, Internet;
Thursday, Dec. 17, 8:30 a.m.

Registration Deadlines:

- The registration deadline for all activities is two weeks prior to the start of the class unless otherwise noted.
- Programs may be cancelled if registration is insufficient. If a program is cancelled, we will contact you. You may then select an alternate program, request a credit or a refund.
- Late registrations will be accepted if space is available.

Registration Form and Payment:

- Complete the registration form. You may combine recreation activity fees in one check, made payable to the City of Rockville. Note: \$35 returned check charge.
- Visa and MasterCard also are accepted for payment.

Credits and Refunds:

- Credits to the family account will be made automatically should staff cancel an activity.
- Requests for a refund/credit must be in writing, will be issued only for medical reasons and must be accompanied by a letter from your doctor. Refunds will be subject to the following administrative fees: Classes: \$10; Childcare: \$50; Senior Programs: \$10; Sports Leagues: \$100; Trips: \$10. No fee will be charged if family account is credited or if transferred to another program. Refunds will be prorated if program has started. Only credits will be given for registrations under \$20 (exception: senior programs).

Transfers:

- Requests are subject to availability. Requests must be in writing. Registrations cannot be transferred from one registrant to another due to wait lists. A \$25 fee is assessed for child care programs.

Discounts:

- Multiple class discounts may not be combined. One discount will be applied per person/per registration.

Facilities:

- Program locations may be changed due to facility availability.

Five Easy Ways to Register!



Most convenient method.
7 days a week.



1. Online: www.rockvillemd.gov
click on



2. Telephone: 301-762-4284



3. Fax to:

- Rockville City Hall - 240-314-8659
- Rockville Swim and Fitness Center - 240-314-8759
- Rockville Senior Center - 240-314-8809
- Croydon Creek Nature Center - 240-314-8779
- Lincoln Park Com. Center - 240-314-8789
- Thomas Farm Com. Center - 240-314-8849
- Twinbrook Com. Rec. Center - 240-314-8839



4. Mail to:

- Rockville City Hall, Dept. of Rec. and Parks
111 Maryland Avenue 20850
- Rockville Swim and Fitness Center
355 Martins Lane 20850
- Rockville Senior Center
1150 Carnation Drive 20850
- Croydon Creek Nature Center
852 Avery Road 20851
- Lincoln Park Community Center
357 Frederick Avenue 20850
- Thomas Farm Community Center
700 Fallsgrove Drive 20850
- Twinbrook Community Recreation Center
12920 Twinbrook Parkway 20851



5. Walk-In:

- All locations listed above accept walk-ins.
Hours vary by facility. Please call in advance (to avoid unnecessary trips).

CITY OF ROCKVILLE REGISTRATION FORM - WINTER 2009-2010

FAMILY INFORMATION:

Home Family Phone # _____

MAIN CONTACT:

(last) _____ (first) _____ DOB: / / Sex: M/F

Family Address: _____ (street) _____ (apt.#) _____ (city & state) _____ (zip)

E-mail Address: _____ Business Phone # _____

SECOND FAMILY CONTACT:

(last) _____ (first) _____ DOB: / / Sex: M/F

Address: _____ (street) _____ (apt.#) _____ (city & state) _____ (zip)

Home Phone # _____ Business Phone # _____

EMERGENCY CONTACT: (other than parent or adult participant)

(last) _____ (first) _____ Phone _____

PROGRAM PARTICIPANT:

(last) _____ (first) _____ DOB: / / Sex: M/F

School Attending (if applicable) _____ Grade _____ (2009-10)

Course # _____ Course Name: _____ Fee \$ _____

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By registering for a City of Rockville activity, I have read and agree to the "Release, Waiver, Assumption of Risk and Consent" on page 77 of the Winter 2009-10 Recreation Guide. _____ (Signature)

METHOD OF PAYMENT:

Subtotal \$ _____

Coupon/Gift Certificate \$ _____

Discount: _____ Rec. Fund _____ Sr. Ctr. Member _____ Multi-Course \$ _____

Additional Contribution to Recreation Fund \$ _____

TOTAL AMOUNT \$ _____

_____ Visa _____ MasterCard _____ Check # _____ (payable to "City of Rockville")

Credit Card# _____ Exp. ____/____

Signature: _____ Fee = Rockville resident/non-resident

Office Use Only: Circle mail in - walk in - fax - drop off check _____ cash _____ charge _____ Other _____ Processed by: _____ Date Processed: _____ Total Paid: \$ _____

Fax to: 240-314-8659