

CLUB FRIDAY

Potomac Community Center

11315 Falls Road, Potomac, Maryland, 20854, 240-777-6960

The Montgomery County Department of Recreation's **CLUB FRIDAY** returns for its **20th Year** to the **Potomac Community Center**.

NEW: You can register online for PCC's Club Friday this Fall! See details below.

The action begins on October 14, 2011. Don't miss out on this great opportunity to be involved with your friends for unlimited fun!

WHEN: Every Friday Night from Oct. 14, 2011 – Mar 23, 2012

Club Friday WILL NOT meet on 11/25, 12/23, and 12/30 or when schools close early or are closed due to inclement weather.

TIME: 7:00 - 9:00 pm

WHO: Grades 3 through 6

MEMBERSHIP FEES: An annual \$65.00 membership fee will enroll your child in Potomac's Club Friday. Membership will be limited to 550 children. Once 550 children have registered, parents can add their child's name on the waiting list.

NEW MEMBERSHIP PROCEDURES: Online registration will be available for PCC's Club Friday program starting at **9:00 am on Thursday, September 1, 2011**. Online registration will end on Tuesday, Sept. 20, 2011. www.montgomerycountymd.gov/rec and click on Rec Web.

Course code: 316575. We encourage people to register on line: it is the fastest and easiest way to register and you'll know immediately that your child got in. You may also fax the registration to 240-777-6818 or bring it to the Potomac CC. (**Please Note:** we can't guarantee that hand delivered registrations will be registered that same day.)

GUESTS: Guests will not be admitted the first two weeks of the program. Beginning October 28, each member may bring ONE guest each night. **Guest passes purchased in advance at PCC are \$3.00. Guests will be charged \$5.00 at the door.** Members must be accommodated first, so we reserve the right to limit the number of guests admitted on any given night.

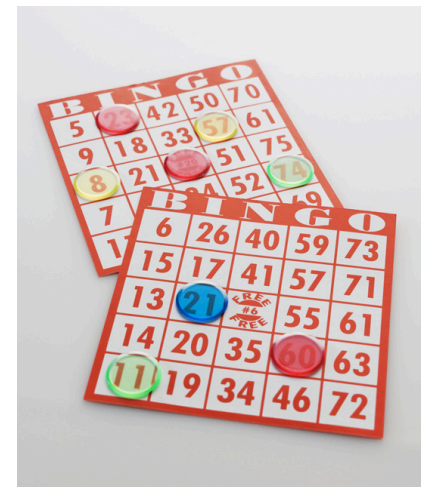
CLUB FRIDAY activities will include: Basketball, Billiards, Bingo, DJ, Dances, Games, Ping-Pong, Gym Hockey, Indoor Soccer, Crafts, Special Theme Nights, & **FUN!** (Special Movie presentations are \$1.00 extra)



Your ticket to Friday Night Fun!



MONTGOMERY COUNTY
Recreation



ATTENTION PARENTS!! ATTENTION PARENTS!!

PARENT VOLUNTEERS ARE THE KEY TO THE SUCCESS OF THIS PROGRAM!

PCC's Club Friday program needs your support and generosity. Because Club Friday relies so much on our volunteers, we require each parent to commit to at least one evening as a Club Friday volunteer sometime during 2011-2012.

Your volunteering is required for the safety and enjoyment of the children that participate. Additional information will be sent to you with your child's membership card. Thank you for your support.

Join the fun!!

Ways to register

- RecWeb online: montgomerycountymd.gov/rec
- Fax: 240-777-6818 (payment by VISA or MasterCard)
- Mail: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

Withdrawal Policy

Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received. In addition, all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

Payment Information

Full payment is due with registration. Non-county residents pay an additional \$15 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 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 calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.



Registration Form

Check here if new address/phone/email. Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if under 18 years)
 Mother's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Father's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902. Total Amount Due: \$

Master Card Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may fax your registration form to 240-777-6818. If you need help completing this form, please call 240-777-6840.

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 the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

Participant or Parent/Guardian Signature _____ Date _____