

RETURN FORMS TO THE ACTIVITY CENTER AT BOHRER PARK

S.H.A.R.E. with Asbury!

S.H.A.R.E. (Students Help and Reach Elders) is a program sponsored by JCA Interages. The program at Asbury is made possible by a partnership with Beloved Community and the City of Gaithersburg. S.H.A.R.E. involves bringing young people and older adults together so they can learn from one another and brighten each other's lives. Students will visit Asbury residents on the second Wednesday of each month. Together they will participate in different activities designed to entertain all ages and encourage conversation. Student Union members will earn SSL hours for their active participation.

**Second Wednesdays,
2:45 - 4:15pm**

Fall & Winter Dates

- September 9
- October 14
- November 11
- December 9
- January 13 (tentative)

**Meet at the Activity Center at
Bohrer Park**

(Next to GHS)
506 S Frederick Ave
Gaithersburg, MD 20877

**Student Union Members
Grades 9-12**

SSL HOURS



For more information contact:
Maura Dinwiddie at 301-258-6350 ext. 168
mdinwiddie@gaithersburgmd.gov



SHARE with Asbury 2015-16

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	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade	School
			SHARE with Asbury	n/a	ACBP	9/9/15		
			SHARE with Asbury	n/a	ACBP	9/9/15		

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

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