



TEAM OF STARS – TRANSPORTATION AGREEMENT

Transportation Registration Deadline: Friday, June 9th

I am the parent/guardian for the following 2017 TEAM OF STAR program participant/s:

1. _____ 2. _____ 3. _____

Please initial all the statements listed below in order to verify that these are true statements:

(Initial) _____ I am requesting transportation for the children listed above to and from the Team of Stars Program located at the Gaithersburg Middle School located at 2 Teacher’s Way, Gaithersburg, MD;

(Initial) _____ I understand that transportation is limited and is only available from the locations listed below to those who have registered in advance on a first-come first serve basis;

(Initial) _____ I understand that transportation is only available to children who live in Housing Opportunities Commission of Montgomery County (“HOC”) affordable housing. I can verify that the children listed above reside in HOC affordable property or in a household that has an HOC housing subsidy;

(Initial) _____ My child/children will travel to and from TEAM OF STARS by HOC Van from the Van Stop checked below:

VAN ONE*	MORNING PICK UP	AFTERNOON DROP OFF	VAN TWO*	MORNING PICK UP	AFTERNOON DROP OFF
<input type="checkbox"/> Seneca Ridge 19568 Scenery Dr. Germantown, MD 20874	8:40 AM	4:25 PM	<input type="checkbox"/> Georgian Court 3600 Bel Pre Road Silver Spring, MD 20906	8:50 AM	4:15 PM
<input type="checkbox"/> Washington Square 8343 Fairhaven Drive Gaithersburg, MD 20877	9:05 AM	4:00 PM	<input type="checkbox"/> Sandy Spring Meadow 1 Branchwood Court Sandy Spring, MD 20866	9:00 AM	4:05 PM
<input type="checkbox"/> Stewartown Homes 9310 Merust Lane Gaithersburg, MD 20879	9:15 AM	3:45 PM	<input type="checkbox"/> Towne Centre Place 3502 Morningwood Dr Olney, MD 20832	9:10 AM	3:50 PM
Routes subject to change. Parents to be notified of any route changes in advance using contact information provided below.					

I give permission for my child/ren listed above to travel to and from the Gaithersburg Middle School in an HOC passenger van driven by an HOC employee, on Mondays through Thursdays, June 26, 2017 through July 27, 2017. I understand that the HOC assumes no liability for injury or damages as a result of my child's/children’s participation. I hereby approve my child's/children’s participation in this HOC transportation program and consent to emergency treatment for my child/children on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's/children’s participation.

I give permission for my child/children listed above to travel in an HOC passenger van driven by an HOC employee to and from Team of Stars. In consideration for providing this service to me and my child/children, I release and discharge HOC and their driver from any and all claims in the event of injury, loss or damage to my child/children.

I expressly release HOC from any and all liability, claims, or obligations which may arise out of the field trip activity and further indemnify and hold harmless HOC from same.

If there is an emergency and I can not be reached, please contact:

Emergency Contact: _____ Phone: _____

Special instructions: _____

Parent/Guardian Name *Printed*: _____ Phone 1: _____

Phone 2: _____ Email: _____

Parent/Guardian’s *Signature*: _____ Date: _____

Send completed form via email to gail.gunod-green@hocmc.org or via fax to 301-949-5905