

# Play

## RECREATION & PARKS

Winter 2025

# Active Start Bowling

## PROGRAM INFORMATION

**Thursdays**

January 23 to Feb. 27

Times: 3:30 p.m. - 5:30 p.m.

Grades: 4-8th

Cost: \$50 per child

**\*SPACE IS LIMITED\***

**Eastern Shore Lanes**

1834 Market Street, Pocomoke MD 21851

## HOW TO REGISTER

In person, mail, or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

All payments must be received prior to participation  
Make checks payable to: Worcester County



Whether your child is new to bowling or throwing strikes like a professional, our experienced coaches will work to improve their skill using fun, non-competitive game play.

Each day your child will receive:  
2 games of bowling including shoe rental, pizza, and a drink.

Transportation from Pocomoke Middle School to Eastern Shore Lanes is available upon request. Parent/Guardian will need to pick up child from bowling alley.

MARYLAND'S  
**Coast**  
WORCESTER COUNTY

Recreation & Parks



SCAN ME

For more information contact Nick Tolbert at  
(410) 632-2144 x2512 or [ntolbert@co.worcester.md.us](mailto:ntolbert@co.worcester.md.us)



# Youth Registration Form

Please use a separate registration form for each participant under 18.

Worcester County 2024

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation from School Yes NO Circle T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from that participation. I recognize that participation in recreation and instructional activities, even when well supervised and managed, may pose a risk of physical injury to my child. Acknowledgement of Ability: My child is physically healthy and able to participate in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

NOTICE: If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, no refund will be given for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff at the Recreation Center and a prorated percentage of the registration will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_