Worcester County Department of Recreation & Parks

6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585



after school

Canoe

with



Tuesdays April 30 - May 21, 2019

Registration Deadline is



This afterschool program will give your middle school age child the opportunity to learn about our local watershed as well as experience multiple canoeing adventures on the Pocomoke River.

TIME: 3:30 p.m. - 5:30 p.m.
WHERE: Pocomoke River
Canoe Company
OPEN TO: Grades 4th-8th
COST: \$45 per person
\$40 for each additional child
Additional \$5 after the Registration Deadline

RECEISTRATION:

- > Online
- > Mafi In
- > In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

Transportation will be provided from Snow Hill Middle School to the Poc. River Canoe Company. Parent/Guardian will need to pick up children from the Poc. River Canoe Company.

Contact Jacob Stephens for more information at 410-632-2144 x2506 or jstephens@co.worcester.md.us









You Tube





www.WorcesterRecandParks.org

The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County After School Canoe Spring 2019

Name:								
Address:		City:		State:		Zip:		
Date of Birth: Age:	School Attending:	ool Attending:			Grade:			
Transportation from School (Snow Hill); Yes N	NO Circle T-Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16)	AS	AM AL	AXL	AXXL
Parent/Guardian Name:	Guardian Name: Home Phone:			Daytime/Cell:				
E-mail:					- 13			
Please check here if you would like to rece			programs from	n Worcester C	ounty Re	ecreation & I	Parks.	
Emergency Contact Name:		**	W 550		150			
any and all loss, claim, or injuries to my child or to my property, of volunteer to away games as part of the Worcester County Recreatic against all claims, demands and causes of action including court corprogram. This indemnity, waiver release extends to all claims wheth has sufficient training for participation in this program. I hereby auth provides no insurance protecting my child. If pictures are taken du Parks is committed to providing reasonable accommodations to all p can plan accordingly for these needs. We cannot guarantee that your of Recreation & Parks reserves the right to cancel a program or divit fit the staff of the Worcester County Department of Recreation & Parks the payer. Other cancellations on the part of the participant will be cancellations on the part of the participant will be refundable as lon made by a participant after the above stated timeline will be non-resemedical condition arises that prohibits a participant's ability to partipercentage of the registration fee will be refunded. For example, if	on & Parks Department's Youth Prosts and attorney's fees directly or in her foreseen, unforeseen, known or norize medical treatment, at my exparing the program, I authorize the uparticipants. If you have special ner request will be met unless the Worision which does not meet certain rarks cancels an entire program, the refundable as long as it occurs before as it occurs before the program is fundable. If a participant is suspenicipate in the program, a refund wi	ogram. I agree addirectly from unknown. I he ense, for my cl less of these pheeds, please not cester County equirements. staff will refure the program start date or aft ded from a pro II be issued on!	e that I will defend, any action or other ave full knowledge hild in the event of a otos for publicity p tify the Worcester C Department of Recu and all monies. All a n start date or within er one program ses gram due to inappry	indemnify and ho proceeding arising of the risks involven injury or illness urposes. The staff county Departmen reation & Parks is a refund payments where the payments of a 6-week opriate behavioral is submitted to the	Id harmless g in any way ed in this pr during the p of Worceste t of Recreatinotified in a will be paid it start of a program or , no refund te staff at the	each and every from participat ogram. My child rogram. I acknower County Departion & Parks at 41 dvance. Worcest in the form of a crogram for a 12-summer camp powill be given for	one of the In on by my ch is physically vledge that the ment of Rec 0.632.2144 er County D county check week program ogram. Car that program	demnities and in the yable and he County creation & so that we epartment a issued to ms. Other acellations in If a
Parent/Legal Guardian Signature:					Date	:		
	Office Use C	Only						

Initials:____

Receipt #_

CAF

Cash, Chk, or CC # ____

Amount: