Worcester County Department of Recreation & Parks recreation &

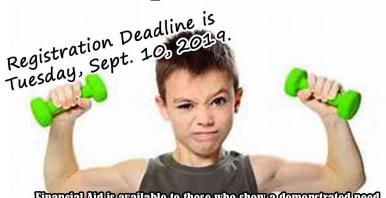
6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585



after school

Fit and Fun

Fridays, September 13 - October 18, 2019



Financial Aid is available to those who show a demonstrated need. Proof of eligibility is required. All payments must be recieved prior to participation.

Participants will be introduced to various aspects of training for aerobics, intervals, resistance, bodyweight calistehnics, fitness, and general athletic movements. Team building and movement games will also be played. Our main goals with this program is to promote healthy active lifestyles for sport and non sport kids.

k8:30pm.~5:30pm. R Worcester County Recreation Genter **0: Grades 41h-81h** ST: \$35 per person \$30 for each additional child Additional \$5 after the Registration Deadline

RECHASTIRATIONS

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 Recreation Center. Parent/Guardian will need to pick up children from the Recreation Center.

Contact Mike Hedlesky for more information at 410-632-2144 x2509 or mhedlesky@co.worcester.md.us









You Tube





www.WorcesterRecandPark

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 Fit and Fun Fall 2019

Name:										
Address:			City:			State:		Zip:		
Date of Birth:	Age:	Sc	School Attending:					_ Grade:		
Transportation from Scho	ool (Snow Hill);	Yes NO	Circle T-Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16)	AS AN	1 AL	AXL	AXXL
Parent/Guardian Name:				Home Phone:			Daytime/Cell:			
E-mail:										
The second care and second			email announcement	s on future	programs from	Worcester C	ounty Recre	eation & Pa	arks.	
Emergency Contact Nam										
volunteer to away games as part o against all claims, demands and ca program. This indemnity, waiver r has sufficient training for participa provides no insurance protecting r Parks is committed to providing recan plan accordingly for these need of Recreation & Parks reserves the If the staff of the Worcester Count the payer. Other cancellations on the cancellations on the part of the pamade by a participant after the abounded and the payer.	uses of action including elease extends to all clatton in this program. I hen ye child. If pictures are asonable accommodatics. We cannot guarantee right to cancel a progray Department of Recreathe part of the participant will be refundative stated timeline will libits a participant's abili	court costs and ims whether for the participation of the cost of t	d attorney's fees directly or reseen, unforeseen, known of medical treatment, at my exhe program, I authorize the pants. If you have special rest will be met unless the Wowhich does not meet certain ancels an entire program, the lable as long as it occurs be to occurs before the program ble. If a participant is suspete in the program, a refund we	indirectly from or unknown. I h pense, for my c use of these pl use of, please no recester County requirements. e staff will refu fore the progras start date or af inded from a profill be issued on	any action or other ave full knowledge of hild in the event of a lotos for publicity pu tify the Worcester C Department of Recr and all monies. All r in start date or within ter one program sess logram due to inappre	proceeding arising of the risks involved in injury or illness. The staff ounty Department eation & Parks is 1 efund payments w 12 weeks after the sion for a 6-week 1 pypriate behavioral, is submitted to the	in any way from the in this program of Worcester Co. of Recreation of the thin this program of the paid in the start of a program or summan or effund will be staff at the Receiver of the thin the start of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be staff at the Receiver of the program or summan or effund will be summan or effund with the program or summan or	m participation m. My child it am. I acknowled to parting to Parks at 410 tice. Worceste the form of a co time for a 12-we time camp pro the given for the	n by my ch s physically ledge that the nent of Rec 0.632.2144 s r County Do ounty check eek program gram. Can hat program	ild in the vable and ne County reation & so that we epartment issued to ms. Other cellations n. If a
Parent/Legal Gua					Date: _			 -		
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