Worcester County Department of Recreation & Parks

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



after school Cheerleading

Thursdays September 13 - November 29, 2018



Registration Deadline is Friday, September 7, 2018.

The purpose of this program will be to introduce participants to cheerleading in a fun and non competitive manner. Basic tumbling and cheer skills will be taught by Instructor Jesse Saidla.

TIME: 4:30 p.m. - 5:30 p.m.
WHERE: Worcester County
Recreation Center
OPEN TO: Grades K- 3rd
COST: \$30 per person
\$25 for each additional child
Additional \$5 after the Registration Deadline

REGISTRATION: Complete registration form on the back.
Mail form with payment to Worcester County Department of Recreation & Parks or stop by the Recreation Center.
All payments must be received prior to participation.
Make checks payable to:
Worcester County

Contact Brianna Goddard for more information at 410-632-2144 x2514 or bgoddard@co.worcester.md.us











Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County After School Cheerleading Fall 2018

Name:				Home Phone:				Age:	
Address:				City:		State:		Zip:	
Date of Birth:	s	chool Attending:_						_ Grade:	
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:		
Do you wish to be a vo	lunteer :	E-	-mail:						
Please check he	ere if you wou	ıld like to receive e	mail announceme	ents on future	e programs fro	om Worcester C	County Recrea	ation & Parks	
Emergency Contact Na					4				
unteer to away games as part of inst all claims, demands and ca gram. This indemnity, waiver re sufficient training for participal vides no insurance protecting re ks is committed to providing re plan accordingly for these need eccreation & Parks reserves the ne staff of the Worcester County payer. Other cancellations on the er cancellations on the part of the incellations made by a participar gram. If a medical condition ar rated percentage of the registral	uses of action inclelease extends to a cion in this program ny child. If pictur assonable accomm is. We cannot gua right to cancel a y Department of R the part of the participant will at after the above s uses that prohibits	uding court costs and att all claims whether forese in. I hereby authorize mer- res are taken during the p odations to all participan rantee that your request v program or division whice ecreation & Parks cance icipant will be refundabl be refundable as long as stated timeline will be no a participant's ability to	omey's fees directly or en, unforeseen, known of fical treatment, at my ex orogram, I authorize the ts. If you have special it will be met unless the Well th does not meet certain Is an entire program, the e as long as it occurs be s it occurs before the pro- in-refundable. If a partic- participate in the program	indirectly from an or unknown. I have pense, for my ch- use of these pho- needs, please noti- orcester County I requirements. e staff will refund- fore the program ogram start date of cipant is suspende m, a refund will	ny action or other p ye full knowledge of Idd in the event of a tos for publicity pu fy the Worcester C pepartment of Recr all monies. All re start date or within or after one program of from a program of the issued only if a of	proceeding arising in of the risks involved in injury or illness du proses. The staff of ounty Department of eation & Parks is not find payments will in 2 weeks after the start in session for a 6-week due to inappropriate doctor's note is subn	any way from par in this program. M ring the program. It Worcester County f Recreation & Par fified in advance. It be paid in the form art of a program fe key program or sum behavioral, no refinitted to the staff a	ticipation by my child in ty child is physically able acknowledge that the Co Department of Recreatic ks at 410.632.2144 so the Worcester County Depart to of a county check issued or a 12-week programs. mer camp program. and will be given for that	
Parent/Legal Guardian Signature:							Date:		
			Office Use	Only					