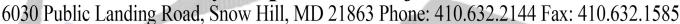
Worcester County Department of Recreation & Parks









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.

TIME 3:30 p.m. - 5:30 p.m.
WHERE Worcester County
Recreation Center
OPENTO: Grades 4th-8th
COSTE \$35 per person
\$30 for each additional child
Additional \$5 after the Registration Deadline

RECHAURATIONS

> 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 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.WorcesterRecandParks.org

Youth Registration Form

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

Name:								
Address:		City:				Zip:		
Date of Birth: Age:	School Attending:	ool Attending:			Grade:			
Transportation from School (Snow Hill); Yes N	O 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:								
Please check here if you would like to recei			orograms from	Worcester C	ounty Re	ecreation & I	Parks.	
Emergency Contact Name:		17	- 					
volunteer to away games as part of the Worcester County Recreation against all claims, demands and causes of action including court cos program. This indemnity, waiver release extends to all claims wheth has sufficient training for participation in this program. I hereby author provides no insurance protecting my child. If pictures are taken dur 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 diviring the staff of the Worcester County Department of Recreation & Park the payer. Other cancellations on the part of the participant will be recancellations on the part of the participant will be refundable as long made by a participant after the above stated timeline will be non-refundical condition arises that prohibits a participant's ability to participer of the registration fee will be refunded. For example, if the participant of the registration fee will be refunded.	ats and attorney's fees directly or incider foreseen, unforeseen, known or untitive medical treatment, at my expering the program, I authorize the usuarticipants. If you have special need request will be met unless the Wordson which does not meet certain rearks cancels an entire program, the setting as it occurs before as long as it occurs before the program stundable. If a participant is suspendicipate in the program, a refund will	lirectly from a inknown. I ha nse, for my che e of these pho ds, please not ester County I quirements. taff will refur e the program art date or afte def from a prog be issued onl	my action or other we full knowledge idd in the event of a totos for publicity put fify the Worcester Coppartment of Recrudal Il monies. All a start date or within or one program sessgram due to inappry y if a doctor's note	proceeding arising of the risks involvent injury or illness uposes. The staff ounty Department eation & Parks is refund payments we 2 weeks after the ion for a 6-week pyriate behavioral, is submitted to the	g in any way ed in this pro during the pro of Worceste of Recreation offile in act vill be paid i start of a pro program or s no refund v e staff at the	r from participat ogram. My child rogram. I acknow r County Depar on & Parks at 4: dvance. Worces in the form of a rogram for a 12- summer camp p will be given for	ion by my chair is physically whedge that the timent of Rec 10.632.2144 ther County Decounty check week program. Car that program.	aild in the y able and he County creation & so that we epartment a issued to ms. Other acellations n. If a
Parent/Legal Guardian Signature:					Date	:		
	Office Use O	nly						

Initials:____

Receipt #_

CAF

Cash, Chk, or CC # ____

Amount: