Worcester County Department of Recreation & Parks

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





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Tuesdays January 8 - February 26, 2019



Registration Deadline is Friday, January 4, 2019.

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. Spikes are prohibited.

TIME: 3:30 p.m. - 5:00 p.m. **WHERE:** Worcester County **Recreation Center OPEN TO: Grades 3-8th COST:** \$35 per person \$30 for each additional c

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 Myro Small for more information at 410-632-2144 x2512 or msmall@co.worcester.md.us















www.WorcesterRecandPark

Youth Registration Form

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

Worcester County After School Track Winter 2019

Name:				Home Phone:				Age:	
Address:				City:		State	e:	Zip:	
Date of Birth:	S	School 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 v								Recreation & Parks.	
Emergency Contact Name:					Phone:				
by my child in the program. This program. My child is physically the program. I acknowledge that The staff of Worcester County Department of Recreation & Par Department of Recreation & Par Department. If the staff of the Worcester Counter the payer. Other cancellations on the part of Cancellations made by a participart of the medical condition a prorated percentage of the regions.	able and has suffici the County provide epartment of Recre ks at 410.632.2144 ks is notified in advanty Department of I m the part of the pan of the participant with pant after the above arises that prohibits stration fee will be	ient training for participal es no insurance protecting action & Parks is committed to the control of the contr	tion in this program. I he g my child. If pictures a ted to providing reasona rdingly for these needs. Department of Recreat tels an entire program, th le as long as it occurs be is it occurs before the pr on-refundable. If a partic participate in the program if half of the program ha	ereby authorize nare taken during to the accommodate We cannot guartion & Parks reservente estaff will refundere the program ogram start date expant is suspendam, a refund will as occurred, a pantice of the program of the suspendam of the suspe	nedical treatment, a the program, I authorious to all participa antee that your requiverses the right to can deall monies. All reall as the start date or within or after one programed from a programed from a programe be issued only if a ticipant will only be	t my expense, for orize the use of the nts. If you have s used will be met un used a program or or effund payments w n 2 weeks after the m session for a 6-4 due to inappropria doctor's note is su the refunded half of	my child in the ever see photos for publi pecial needs, please alless the Worcester- division which does ill be paid in the for e start of a program week program or su the behavioral, no re ubmitted to the staff the registration fee	nt of an injury or illness dur icity purposes. 2 notify the Worcester Count County 5 not meet certain rm of a county check issued for a 12-week programs. Immer camp programs. efund will be given for that f at the Recreation Center an	
Parent/Legal Guardian Signature:					Date:				
			Office Use	Only					
ate: Am	ount:	Cash. Ch	k, or CC #	In	itials:	Rece	ipt#	CAF:	