



Fall 2022

Early Bird Fitness

PROGRAM INFORMATION

**Mondays, Wednesdays,
and Fridays**

October 3 - Dec. 16

9:00 a.m. - 9:40 a.m.

Ages: 45 and older

Cost: \$45/person



Class includes - Variety of activities that will include cardio, strength, balance, and floor workouts. Get ready to have fun and get fit!

**Worcester County
Recreation Center**

6030 Public Landing Rd, Snow Hill MD 21863

HOW TO REGISTER

In person, mail or online at
www.PlayMarylandsCoast.org

All payments must be received prior to participation
Make checks payable to: Worcester County

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



For more information contact Myro Small at
(410) 632-2144 x2512 or msmall@marylandscoast.org

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Early Bird Fitness Fall 2022

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Male or Female Age: _____ Date of Birth: _____ E-mail: _____

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Please check here if you would like to receive email announcements on future from Worcester County Recreation & Parks

Home Phone: _____ Daytime/Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Waiver: I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense in the event of injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these for publicity purposes.

Participant's Signature: _____ Date: _____

Office Use Only

Date: _____ Amount: _____ Cash, Chk, or CC # _____ Initials: _____ Receipt # _____