

Spring 2023

Hooked on Fishing

PROGRAM INFORMATION

Tuesdays

May 2 - June 13

3:30 p.m. - 5:00 p.m.

Grades: 2-8

Cost: \$35/child, \$30/add. child

Add. \$5 after deadline on 4/28

Financial aid is available to those who show a demonstrated need. Proof of eligibility is required.

Newtown Park

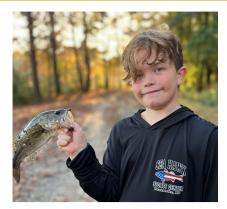
2001 Groton Road, Pocomoke MD 21851

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



Fishing rods and bait will be provided and participants will be supervised by staff members.

Beginners to advanced fishermen are welcome!

Due to limited seating capacities on buses, participants that need transportation from PES & PMS to Newtown Park must register 2 weeks before the start date of the program. Failure to do so greatly decreases you're child(ren)'s chances of transportation. Remember, a parent/guardian will need to pick up your child.



For more information contact Trudy Gebhardt at (410) 632-2144 x2514 or tgebhardt@marylandscoast.org

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County Hooked on Fishing Spring 2023

| Address: | | City: | | State: | | | Zip: | | | | |
|--|--|---|---|--|---|--|--|---|--|--|--|
| Date of Birth: Age: | | | | | | | | | Grade: | | |
| Transportation from So | hool: Ye | s NO | 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 he | re if you w | ould like to | receive email announce | ments on fu | ture programs | from Worces | ter Co | unty Re | creatio | n & Parl | (S. |
| Emergency Contact Name: | | | | | Phone: | | | | | | |
| in this program. I agree to inde Acknowledgment of Medical 7 insurance protecting my child. Program. Acknowledgement o all participants. If your child h Photo Release: If pictures are t the Concussion Training for Pe child's symptoms to coaches an | mnify the Inde reatment: I aud Iravel Permiss Ability: My class special need ken during the rents Informat d staff membe | emnities against thorize medical sion: My child hild is physical is, please notify e program, I aut tion Sheets cov rs. I understand | county Commissioners of Worcestet all claims, including court costs at treatment, at my expense, for my has permission to travel with a couly able and has sufficient training the Department of Recreation & thorize the use of these photos for ering the signs, symptoms, and rist that my child must not have any ching to practice or play too soon. | and attorney's for child in the even ach or adult voluments for participation. Parks at 410.65 publicity purposks of sports-re | ees, arising from the ent of an injury or i unteer to away gam in this program. (2.2144. We cannot ses. Acknowledgen ated concussions. 1 | at participation. I ut Ilness during the pass as part of the Worcester County guarantee that you nent of Concussion promise to go over | nderstand rogram. I forcester is commi ir request Training er this inf | I the risks acknowle County R tted to pro will be n I have re formation | involved edge that the ecreation eviding real net unless eceived the with my d | in this pro the County & Parks D asonable ac we are not e Fact Shee child. I pro | gram. provides no epartment's Yo ecommodation tified in advan- et for Athletes a mise to report |
| Parent/Legal Guardian Signature: | | | | | Date: | | | | | | |
| | | | Office U | lse Only | | | | | | | |
| Date: Ar | ount: | | Cash, Chk, or CC# | - | Initials: | | Rece | ipt# | | C | AF |