

Spring 2021

Kids' Night IN

PROGRAM INFORMATION

Friday

February 26

5:00 p.m. - 7:30 p.m.

Grades: K-8

Cost: \$30/child, \$25/add. child

Space is limited to 20 participants

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



Join us for a fun night of science and games! Participants will

be experimenting with balloons, vinegar, making candy
molecules, monster slime, lava lamps and more!

Pizza and gatorade will be served for dinner.

All recreation programs and special events are following State and Health Department protocols that may be modified pending Covid-19 updates.



For more information contact Kelly Buchanan at (410) 632-2144 x2503 or kbuchanan@marylandscoast.org

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County Kids' Night IN - February 26, 2021

				Age:	Male or Female	
Address:			City:	State:	Zip:	
Date of Birth:	Sc	hool Attending:			Grade:	
Parent/Guardian Name:		Home Phone:	Daytime/Cell:			
E-mail:						
Pleas	e check here is you wo	ould like to receive email annou	ncements on future programs	from Worcester County R	Recreation & Parks.	
Emergency Contact Name:			Phone:			
commissioners of Wor damages and from with a coach and/or a very one of the Indearticipation by my corogram. My child is uring the program. I the staff of Worceste County Department of Department of Recreiequirements. If the staff of the Worssued to the payer. Corograms. Other can rogram. Cancellatic iven for that program	orcester County, its representation and all loss, claim, or injuited volunteer to away games munities against all claims, derivability and the program. This indea physically able and has suffice acknowledge that the County or County Department of Recreation & Parks at 410.6 ation & Parks is notified in advancester County Department of Department of Department of the cancellations on the part cellations on the part on made by a participant after m. If a medical condition arises	myself and on behalf of my child, as well tives, employees, contractors, volunteers, tries to my child or to my property, of any as part of the Worcester County Recreation ands and causes of action including court minity, waiver release extends to all claims been training for participation in this progrovides no insurance protecting my child eation & Parks is committed to providing reation & Parks is committed to providing reation & Parks is committed to providing reation. Worcester County Department of Recreation & Parks cancels an entire progrof the participant will be refundable as lor reticipant will be refundable as lor the above stated timeline will be non-refus that prohibits a participant's ability to participatifs and participant's ability to participatifs ability ability to participatifs ability to participatifs ability ability to participatifs ability	and successors and assigns (herein after kind, arising in any way out of my chil in & Parks Department's Youth Program costs and attorney's fees directly or indi whether foreseen, unforeseen, known o ram. I hereby authorize medical treatmed. If pictures are taken during the programeasonable accommodations to all particior these needs. We cannot guarantee that eccreation & Parks reserves the right to determine the staff will refund all monies. All ag as it occurs before the program start date or aftendable. If a participant is suspended fronticipate in the program, a refund will be refunded in the program, a refund will be	called "Indemnities"), from any an d's participation in this program. M. I agree that I will defend, indemn rectly from any action or other proc r unknown. I have full knowledge out, at my expense, for my child in m. I authorize the use of these phot ipants. If you have special needs, p it your request will be met unless the cancel a program or division which I refund payments will be paid in the late or within 2 weeks after the starter one program session for a 6-week an a program due to inappropriate be issued only if a doctor's note is suit	and all liability for injuries, dery child has permission to travity and hold harmless each a seeding arising in any way fire of the risks involved in this the event of an injury or illustos for publicity purposes, lease notify the Worcester to Worcester County does not meet certain the form of a county check to fa program for a 12-week keyrogram or summer camp chavioral, no refund will be bmitted to the staff at the	
Parent/Legal Guardian Signature:				Date:		
Parent/Leg	al Guardian Sigr	ialuic.				
Parent/Leg	al Guardian Sigr		se Only			
Parent/Lega	al Guardian SigrAmount:	Office U		Receipt #	CAF:	