

2022

# Kids' Night IN - Holiday Themed

PROGRAM INFORMATION

### **Friday**

**December 16** 

5:30 p.m. - 8:00 p.m.

**Grades: K-6** 

Cost: \$30/child, \$15/add. child

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



While you're off finishing up errands or enjoying a date night, the kids will have a great time at our Holiday Themed Party!
Participants will have dinner, make their own crafts and participate in holiday themed games.



For more information contact Hunter Nelson at (410) 632-2144 x2506 or hnelson@marylandscoast.org

## Youth Registration Form Please use a separate registration form for each participant under 18.

	worcester County Kids' Night IN - December 16, 2022			
Name:		Age:	Male or Female	
Address:	City:	State:	Zip:	
Date of Birth: School Atten	ding:		Grade:	
Parent/Guardian Name:	ardian Name: Home Phone:		Daytime/Cell:	
E-mail:				
Please check here is you would like to	receive email announcements on future programs	from Worcester County I	Recreation & Parks.	
Emergency Contact Name:		Phone:		
Department's Youth Program. Acknowledgement of Ability: My of easonable accommodations to all participants. If your child has sureless we are notified in advance.) Photo Release: If pictures are lave received the Fact Sheet for Athletes and the Concussion Transformation with my child. I promise to report my child's symptos is my responsibility to follow up with a health care provider. I under the control of	y child has permission to travel with a coach or adult volunteer to awachild is physically able and has sufficient training for participation in typecial needs, please notify the Department of Recreation & Parks at 4 taken during the program, I authorize the use of these photos for publining for Parents Information Sheets covering the signs, symptoms, as ms to coaches and staff members. I understand that my child must not derstand the possible consequences of my child returning to practice of	this program. (Worcester County 410.632.2144. We cannot guarant licity purposes. Acknowledgemen nd risks of sports-related concuss of have any concussion symptoms or play too soon.	is committed to providing ee that your request will be met at of Concussion Training: I ions. I promise to go over this	
Parent/Legal Guardian Signature:		Date:		
Date: Amount: C	Office Use Only ash, Chk, or CC # Initials:	Receipt #	CAF:	
Please list any fo	ood allergies or res	strictions	below:	