

# Pop Up Programs

for grades k-8

supported by:  **Amerigroup**  
An Anthem Company

**FREE** giveaways to the first 100 participants

MARYLAND  
**Coast**  
WORCESTER COUNTY  
Recreation & Parks

## Sports Demo & Camp Expo

April 8, 5:30 - 7:30 pm

Worcester County Rec. Center - 6030 Public Landing Rd, Snow Hill MD 21863

*Get a taste of summer camp and meet our staff. Register for camp, play various sports & make crafts.*

## Get Creative Night

May 20, 6:00 - 7:30 pm

Showell Park - 11281 Racetrack Rd, Showell MD 21862

*Let's get crafty! Participants will create art and have fun with other crafts.*

## Summer Kickoff

June 14, 6:00 - 7:30 pm

Public Landing Beach

*Take me to the beach, we will play limbo, cornhole, frisbee games and more!*

## Water Fun

July 22, 6:00 - 7:30 pm

Northern Worcester Athletic Complex - 9906 Buckingham Lane, Berlin MD 21811

*Cool off in the summer heat and get ready to get wet! Wear a bathing suit & water shoes.*

## Adventures on the Pond

August 12, 6:00 - 7:30 pm

Newtown Park - 2001 Groton Rd, Pocomoke MD 21851

*Come explore the great outdoors, we will fish, kayak, and play!*

## Game Night

September 23, 6:00 - 7:30 pm

Herring Creek Nature Park - 12500 Nature Park Drive, Ocean City MD 21872

*Dress as your favorite videogame character as we celebrate the end of summer.*

*Participants will play video games and other gamer themed activities.*



**For more information contact Tyler Keiser at 410-632-2144 x2505  
or [tkeiser@marylandsc coast.org](mailto:tkeiser@marylandsc coast.org)**

# Youth Registration Form

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

Worcester County Pop Up Programs 2022

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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July 22 - Water Fun

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May 20 - Get Creative Night

☐

August 12 - Adventures on the Pond

☐

June 14 - Summer Kickoff

☐

September 23 - Game Night

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's 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. Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is 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.) Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_