

Spring 2021

# Science & Sports Combo Camp

#### **PROGRAM INFORMATION**

Monday April 12

Day

9:00 a.m. - 4:00 p.m.

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

#### Extended

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

Cost: \$40/child, \$35/add. child

Grades: K-8th

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



No school? No problem! Have fun with science crafts and competitions in the morning and play sport games in the afternoon.

• <u>20 participant max.</u> Campers bring their own lunch, snack will be provided.

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 Derek Jarmon at (410) 632-2144 x2509 or djarmon@marylandscoast.org

### **Youth Registration Form**

## Please use a separate registration form for each participant under 18. Worcester County One Day Science and Sports Combo Camp - April 12, 2021

| Name:  |  | Ag  | e: Male or Female  |  |
|--|--|---|--|--|
| Address:   | City:  | State:  | Zip:   |  |
| Date of Birth: Sch   | ool Attending:   |   | Grade:   |  |
| Parent/Guardian Name:  | Home Pl  | hone:   | Daytime/Cell:  |  |
| Please check which camp:   |  |   |  |  |
| Full Day 9:00 a.m 4:00 p   | .m. Extended Day 7:30 p.m  | ı 5:30 p.m.   |  |  |
| E-mail:  | ter en en Stand en des allans de   |   |  |  |
| Please check here is you wou   | uld like to receive email announcements on fu  | iture programs from Worcester (   | County Recreation & Parks.   |  |
| Emergency Contact Name:  |  | Phone:  |  |  |
| r damages and from any and all loss, claim, or injur<br>vith a coach and/or adult volunteer to away games a<br>very one of the Indemnities against all claims, dema<br>articipation by my child in the program. This indem<br>rogram. My child is physically able and has sufficie<br>uring the program. I acknowledge that the County p<br>the staff of Worcester County Department of Recrea<br>county Department of Recreation & Parks at 410.633<br>Department of Recreation & Parks is notified in adva<br>equirements.<br>If the staff of the Worcester County Department of R<br>ssued to the payer. Other cancellations on the part of the<br>part<br>orgorams. Other cancellations on the part of the part<br>rogram. Cancellations made by a participant after the<br>iven for that program. If a medical condition arises | ves, employees, contractors, volunteers, and successors and a<br>les to my child or to my property, of any kind, arising in any<br>s part of the Worcester County Recreation & Parks Departme<br>nds and causes of action including court costs and attorney's<br>nity, waiver release extends to all claims whether foreseen, u<br>ent training for participation in this program. I hereby author<br>rovides no insurance protecting my child. If pictures are take<br>tion & Parks is committed to providing reasonable accommo<br>2.2144 so that we can plan accordingly for these needs. We can<br>nee. Worcester County Department of Recreation & Parks re-<br>ecreation & Parks cancels an entire program, the staff will rel-<br>f the participant will be refundable as long as it occurs before<br>the program will be refundable as long as it occurs before the prog-<br>he above stated timeline will be non-refundable. If a participa-<br>that prohibits a participant's ability to participate in the progr-<br>registration fee will be refunded. For example, if half of the pro- | way out of my child's participation in this p<br>ent's Youth Program. I agree that I will defe<br>fees directly or indirectly from any action o<br>inforeseen, known or unknown. I have full k<br>ize medical treatment, at my expense, for n<br>en during the program. I authorize the use o<br>dations to all participants. If you have spec<br>cannot guarantee that your request will be m<br>eserves the right to cancel a program or divi<br>fund all monies. All refund payments will b<br>e the program start date or within 2 weeks at<br>ram start date or after one program due to inag<br>am, a refund will be issued only if a doctor' | program. My child has permission to trave<br>end, indemnify and hold harmless each an<br>or other proceeding arising in any way from<br>mowledge of the risks involved in this<br>my child in the event of an injury or illness<br>of these photos for publicity purposes,<br>ial needs, please notify the Worcester<br>net unless the Worcester County<br>ision which does not meet certain<br>be paid in the form of a county check<br>for the start of a program for a 12-week<br>for a 6-week program or summer camp<br>opropriate behavioral, no refund will be<br>'s note is submitted to the staff at the |  |
| Parent/Legal Guardian Signature:   |  | Date:   |  |  |
|  | Office Use Only  |   |  |  |
| Date: Amount:  |  | Initials: Receip  | t# CAF:  |  |