

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