## Worcester County Department of Recreation & Parks

6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585



# school's out

# Tech & Track Combo Camp

Friday October 16, 2020

No school, no problem!

Have fun with tech experiments and competitions in the morning with Jacob. In the afternoon, hang out with Myro, to learn track events like sprints, hurdles, long jumps, and more!

25 participant max.

Campers bring their own

Tunch. Pre-packaged snack

will be provided.

- Masks are required
- Safety guidelines will be in place
with small groups
- Screenings will occur at drop-off

WHERE: Worcester County
Recreation Center
OPEN TO: Grades K - 8th
COST: Day \$35/child
(9:00 a.m. -4:00 p.m.)
\$30 for each additional child
COST: Extended Care \$40/child
(7:30 a.m. - 5:30 p.m.)
\$35 for each additional child

#### **REGISTRATION:**

- Online
- ➤ Mail In
- ➤ In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

Contact Jacob Stephens for more information at 410-632-2144 x2506 or jstephens@co.worcester.md.us















www.WorcesterRecandParks.org

### **Youth Registration Form**

## Please use a separate registration form for each participant under 18. Worcester County One Day Tech & Track Combo Camp - October 16, 2020

Name:				Age:	Male or Female	
Address:			City:	State:	Zip:	
Date of Birth: School Attending:					Grade:	
Parent/Guardian Name:			Home Phone:	Daytin	Daytime/Cell:	
Please check	which camp:					
Ful	l Day 9:00 a.m 4:00 բ	o.m. Extended	d Day 7:30 p.m 5:30 p.m.			
E-mail:						
Pleas	se check here is you wo	uld like to receive email annou	ncements on future programs	from Worcester County	Recreation & Parks.	
Emergency Contact Name:				Phone:		
Commissioners of Vor damages and fror with a coach and/or very one of the Indiarticipation by my program. My child turing the program. The staff of Worcest County Department of Recrequirements.  If the staff of the Worses of the staff of the Worses of the payer. The staff of the Worse of the staff of the Worse of the staff of the Worse of the staff of th	Worcester County, its representation any and all loss, claim, or injurt adult volunteer to away games at the adult volunteer to away games at the adult with the program. This indem is physically able and has sufficious I acknowledge that the County pater County Department of Recreation & Parks at 410.63 eation & Parks is notified in advictor and the advances of Recreation on the part of the cancellations on the part of the participant after the advance of the results of the participant after the advance of the participant a	ves, employees, contractors, volunteers, ies to my child or to my property, of any s part of the Worcester County Recreatic mids and causes of action including court mity, waiver release extends to all claims ent training for participation in this progrovides no insurance protecting my child tion & Parks is committed to providing to 2.2144 so that we can plan accordingly fance. Worcester County Department of I ecreation & Parks cancels an entire prog of the participant will be refundable as longicipant prohibits a participant's ability to pagistration fee will be refunded. For exa	as, my heirs, and personal representative and successors and assigns (herein after y kind, arising in any way out of my child on & Parks Department's Youth Program. Costs and attorney's fees directly or indir s whether foreseen, unforeseen, known or aram. I hereby authorize medical treatment of the feet o	called "Indemnities"), from any I's participation in this program. I agree that I will defend, inderectly from any action or other program. I have full knowledge at, at my expense, for my child m, I authorize the use of these plants. If you have special needs your request will be met unless ancel a program or division while are or within 2 weeks after the sterone program due to inappropriate issued only if a doctor's note is, a participant will only be refund	and all liability for injuries, death My child has permission to travel minify and hold harmless each and roceeding arising in any way from the of the risks involved in this in the event of an injury or illness that of the work of the Worcester of the Worcester of the Worcester County of the of the work of a county check that of a program for a 12-week week program or summer camp to behavioral, no refund will be submitted to the staff at the	
Office Use Only						
Date:	Amount:	Cash, Chk, or CC		Receipt #	CAF:	