

Spring 2021

## Toddler Gym

PROGRAM INFORMATION

### **Thursdays**

April 8 - June 10 10:00 a.m. - 11:00 a.m.

Ages: 1-5

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



Limited to 20 participants

Families will be provided a variety of equipment and activities that are designed to encourage socialization and increase motor skill development.

Financial aid is available to those who show a demonstrated need.

Proof of eligibility is required.

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 Kelly Buchanan at (410) 632-2144 x2503 or kbuchanan@marylandscoast.org

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

Address:	Phone:  Phone:	nd discharge the County Comm of for injuries, death or damages ssion to travel with a coach and is each and every one of the Ind y from participation by my chil program. My child is physically program. I acknowledge that th
Please check here if you would like to receive email announcements on future programs from the program of the p	Phone:  Phone:  Phone:  Phereby indemnify, release an original program. My child has permiss indemnify and hold harmless proceeding arising in any way of the risks involved in this principular or illness during the purposes. The staff of Worcest ounty Department of Recreat	y Recreation & Parks.  Ind discharge the County Commer for injuries, death or damages assion to travel with a coach and as each and every one of the Incey from participation by my child program. My child is physically program. I acknowledge that the
Please check here if you would like to receive email announcements on future programs from the program of the control of the program of the p	Phone:  Thereby indemnify, release an artificial program. My child has permiss indemnify and hold harmless proceeding arising in any way of the risks involved in this print injury or illness during the purposes. The staff of Worcest ounty Department of Recreat	nd discharge the County Comm of for injuries, death or damages ssion to travel with a coach and is each and every one of the Ind y from participation by my chil program. My child is physically program. I acknowledge that th
mergency Contact Name:  undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do rocester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities and all loss, châm, or injuries to my child or to my property, of any kind, arising in any way out of my child's participation in this pranteer to sway games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, it as all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other prant. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or is a committed to praviding reasonable accommodations to all participans. If you have special needs, for my child in the event of an idea no insurance protecting my child. If pictures are taken during the program, I authorize the use of these photos for publicity por is a committed to providing reasonable accommodations to all participans. If you have special needs, please notify the Worcester Colpian accordingly for these needs. We cannot guarantee that your request will be ent unless the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. All rayer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program start date or within ellations on the part of the participant will be refundable as long as it occurs before the program start date or within ellations on the part of the participant will be non-refundable. If a participant is suspended from a program due to inappro is all counts of the program and the contract of the program and the program an	Phone:  Thereby indemnify, release an artificial program. My child has permiss indemnify and hold harmless proceeding arising in any way of the risks involved in this print injury or illness during the purposes. The staff of Worcest ounty Department of Recreat	nd discharge the County Comm of for injuries, death or damages ssion to travel with a coach and is each and every one of the Ind y from participation by my chil program. My child is physically program. I acknowledge that th
undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do rocester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities meter to away games as part of the Worcester County, Card Nichal, arising in any way out of my child's participation in this practice to away games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, it is all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other and the state of the participation in this program. I hereby authorize medical treatment, at my expense, for my child in the event of claims whether foreseen, unforeseen, known or unknown. I have full knowledge or utilicient training for participation in this program. I hereby authorize medical treatment, at my expense, for my child in the event of claims coordingly and the program, I authorize the use of these photos for publicity por six committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recorderation & Parks reserves the right to cancel a program or division which does not meet certain requirements. Set aff of the Worcester County Department of Recorderation & Parks reserves the right to cancel a program or division which does not meet certain requirements. Set aff of the Worcester County Department of Recorderation & Parks reserves the right to cancel a program or division which does not meet certain requirements. Set aff of the Worcester County Department of Recorderation & Parks reserves the right to cancel a program or division which does not meet certain requirements.  Advantage of the registration for the participant will be refunded be a long as it occurs before the program start date or after or cancel and the participant will be refunded with the participan	hereby indemnify, release an origin, from any and all liability regram. My child has permiss indemnify and hold harmless orocceding arising in any way of the risks involved in this proposes. The staff of Worcest ounty Department of Recreat	for injuries, death or damages ssion to travel with a coach and, is each and every one of the Ind y from participation by my chil program. My child is physically program. I acknowledge that th
orester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemning and all loss, claim, or injuries to my child or toring by property, of any kind, arising in any way out of my child's participation in this prelief to away games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, it at all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other pram. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or utilicient training for participation in this program. I hereby authorize medical treatment, at my expense, for my child in the event of does no insurance protecting my child. If pictures are taken during the program, I authorize the use of these photos for publicity por is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not met certain requirements. Set aff of the Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not met certain requirements. Set aff of the Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not met certain requirements. Set aff of the Worcester County Department of Recreations & Parks reserves the right to cancel a program or division which does not met certain requirements. Set afford the participant will be refundable as long as it occurs before the program start date or after one program set and the participant will be refundable as long as it occurs before the program and the does not provide a participant after the above stated timeline will be non-refundable. If a participant is suspended from a program due to inapprogram provides in	or), from any and all liability regram. My child has permiss indemnify and hold harmless oroceeding arising in any way of the risks involved in this property or illness during the purposes. The staff of Worcest ounty Department of Recreat	for injuries, death or damages ssion to travel with a coach and, is each and every one of the Ind y from participation by my chil program. My child is physically program. I acknowledge that th
Morcester County Toddler Gym Spring 2021  ame:  ddress:  City:  lale or Female Age:  Date of Birth:  E-mail:  Please check here if you would like to receive email announcements on future programs from V  ome Phone:  Daytime/Cell Phone:  mergency Contact Name:  Photograms from V  andersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the sentatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for juries to me or to my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnity at all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other am. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness or older. I acknowledge that the county provides no insurance protecting me. If pictures are taken during the program, I authorize the use or unterned to Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, plea is at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester.	2 weeks after the start of a p sion for a 6-week program or priate behavioral, no refund v is submitted to the staff at the half of the registration fee.  Date	ation & Parks at 410.632.2144 s advance. Worcester County De I in the form of a county check program for a 12-week program r summer camp program. Cand will be given for that program. the Recreation Center and a prora
Please check here if you would like to receive email announcements on future programs from Volume Phone:  Daytime/Cell Phone:  mergency Contact Name:  Daytime/Cell Phone:  mergency Contact Name:  Phone indersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the rentatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for arries to me or to my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnits all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other am. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness or other individual control of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, pear at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcesteen at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcesteen at 410.632.2144 so that we can plan accordingly for these needs.	ach particip	ant.
Please check here if you would like to receive email announcements on future programs from Volume Phone:	State:	Zip:
mergency Contact Name:		
mergency Contact Name:  Indersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the centatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for participation in this program. I agree that I will defend, indemnits all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other am. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness or order. I acknowledge that the country provides no insurance protecting me. If pictures are taken during the program, I authorize the use or truent of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, plea at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester.	Vorcester County Recr	reation & Parks.
indersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the sentatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for the property of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnist all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other ann. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge or other training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness or older. I acknowledge that the county provides no insurance protecting me. If pictures are taken during the program, I authorize the use of truent of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, plea at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worceste		
sentatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for uries to me or to my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemn st all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other am. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness or older. I acknowledge that the country provides no insurance protecting me. If pictures are taken during the program, I authorize the use of truent of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, plea at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worceste	one:	
e staff of the Worcester County Department of Recreation & Parks reserves me right to cancer a program of division which does not neet certain by e staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will gladly refund all monies. All do the payer. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be el the above stated timeline will be non-refundable. If a participant is suspended from a program due to inappropriate behavioral issues, no s that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff a tration fee will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.	or injuries, death or damages as nify and hold harmless each ar or proceeding arising in any we fither isks involved in this pro- during the program. I certify to of these for publicity purposes, use notify the Worcester Count or County Department of Recr requirements. I refund payments will be paid ligible for a refund. Any canc refund will be given for that p	and from any and all loss, claim, and every one of the Indemnities ray from my participation in this ogram. I am physically able and that I am eighteen (18) years of s. The staff of Worcester County ity Department of Recreation & reation & Parks is notified in id in the form of a county check cellations made by a participant program. If a medical condition
articipant's Signature:		
Office Use Only ate: Amount: Cash, Chk, or CC # Initials:	Date: _	