Worcester County Department of Recreation & Parks

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



Toddler Gym

Thursdays, September 19 - November 7, 2019

During this time, children will be able to interact with each other and have some social time. Variety of stations, games, and activities will be provided for families to do with their children.



Financial aid is available to those who show a demonstrated need. Proof of eligibility is required.

TIME: 5:30 p.m. - 6:30 p.m.

WHERE: Worcester County
Recreation Center

OPEN TO: Ages 18 - 48 mon.

COST: \$25 per child

\$20 for each additional child

REGISTRATION:

- Online
- Mail In
- **►** In Person

All payments must be received prior to participation.

<u>Make checks payable to: Worcester County</u>

Contact Kelly Buchanan for more information at 410-632-2144 x2503 or kbuchanan@co.worcester.md.us















www.WorcesterRecandParks.org

Youth Registration Form

Please use a separate registration form for each participant.

Name:		Worcester County Evenir	ng Toddler Gy	m Evening		aytime/Cell:	_	
Address:			City:			State:	Zip:	
Date of Birth:	Age:	Circle T-Shirt Size	: 2T	3T	4 T	YS (6-8)	YM (10-12)	YL (14-16)
Parent/Guardian N	Name:		E-mail:					
Please ch	eck here if you would like	to receive email announce	ments on fu	ture prog	rams fron	n Worcester Co	unty Recreation	& Parks.
Emergency Contact Name:						Phone:		
ainst all claims, demand ogram. This indemnity, is sufficient training for provides no insurance prourks is committed to proving plan accordingly for the Recreation & Parks reset the staff of the Worceste e payer. Other cancellatincellations on the part of ade by a participant after edical condition arises the tercentage of the registrative.	Is and causes of action including cowaiver release extends to all claims participation in this program. I herel tecting my child. If pictures are taividing reasonable accommodations less needs. We cannot guarantee the erves the right to cancel a program er County Department of Recreationions on the part of the participant wiff the participant will be refundable to the above stated timeline will be reat prohibits a participant's ability the form of the will be refundable. For exam	creation & Parks Department's Yout curt costs and attorney's fees directly is whether foreseen, unforeseen, know by authorize medical treatment, at my ken during the program, I authorize to all participants. If you have speciat your request will be met unless the or division which does not meet cert na. Parks cancels an entire program will be refundable as long as it occurs as long as it occurs before the program-refundable. If a participant is sus o participate in the program, a refundable, if half of the program has occurs tre:	or indirectly from or unknown. It is expense, for my the use of these all needs, please. Worcester Countain requirements, the staff will rebefore the program start date or spended from a p d will be issued or ed, a participant	m any action I have full kr y child in the photos for p notify the W tty Departme s. efund all mon ram start data after one pro rorgram due only if a doc will only be	or other proposed of the event of an intelligent of the event of an intelligent of the event of	ceeding arising in an the risks involved in ajury or illness durin oses. The staff of W to Department of R tion & Parks is notificated payments will be weeks after the start in for a 6-week prograte behavioral, no resubmitted to the staff of the registration	ny way from participathis program. My chi g the program. I acknorcester County Department of the program of the program of the program for a 12 am or summer camp fund will be given for at the Recreation Cefee.	tion by my child in the distribution by my child in the distribution of Recreation 110.632.2144 so that ster County Departm a county check issued week programs. Of program. Cancellation that program. If a nter and a prorated
Name:		Worcester County Evenin	g Toddler Gyr	m Evening	Fall 2019			
	. Mar		_City:				e: Zip	
Male or Female	e Age: Date of	f Birth: E	-mail:					
L	•	to receive email announceme		(F) (F)		-		ks.
		Daytime						
Emergency Contact Name:			Phone:					
presentatives, employees, injuries to me or to my p ainst all claims, demands ogram. This indemnity, we sufficient training for pe or older. I acknowledge partment of Recreation & rks at 410.632.2144 so the vance. Worcester County the staff of the Worcester and to the payer. Other care the above stated timelises that prohibits a particular support of the payer.	contractors, volunteers and successor operty, of any kind, arising in any vand causes of action including court vaiver and release extends to all clair participation in the program. I herebe that the county provides no insurance Parks is committed to providing relative can plan accordingly for these values of Pepartment of Recreation & Parks of County Department of Recreation & Cancellations on the part of the participate will be non-refundable. If a participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant's ability to participate in the presence of the participant of the participa	eirs and personal representatives do hers and assigns (hereinafter called *Inway out of my participation in this protects and attorney's fees directly or ins whether foreseen, unforeseen, known yauthorize medical treatment, at my ce protecting me. If pictures are taken easonable accommodations to all participates. We cannot guarantee that you reserves the right to cancel a program & Parks cancels an entire program, the cipant must be made prior to one week cipant is suspended from a program drogram, a refund will be issued only if ogram has occurred you will only be refured.	demnities*), fron ogram. I agree th ndirectly arising wn or unknown. expense in the ev during the progra icipants. If you I r request will be or division whic e staff will gladly k before the start ue to inappropria a doctor's note is	any and all at I will defe from any act I will defe from any act I will have full kn yent of injury am, I authorizave special met unless the does not my refund all n of the progrete behavioral s submitted to	liability for in and, indemnify on or other properties of the or illness during the the use of the eds, please the Worcester Coefficient All remains and to be eligible issues, no report the staff at the staff at the staff at the definition of the staff at the staff at the definition of the staff at the	njuries, death or damay and hold harmless e roceeding arising in a crisks involved in the ring the program. I chese for publicity pur notify the Worcester County Department of quirements. Fitud payments will be for a refund. An fund will be given for	ages and from any and ach and every one of any way from my partisis program. I am phy ertify that I am eighter poses. The staff of W. County Department of Recreation & Parks is the paid in the form of y cancellations made or that program. If a me	all loss, claim, the Indemnities icipation in this sically able and en (18) years of prester County of Recreation & so notified in a county check by a participant dical condition
Participant's Signature:				Date:				
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