

Fall 2021

Toddler Yoga

PROGRAM INFORMATION

Fridays

October 15 - Nov. 19

10:00 a.m. - 10:45 a.m.

Ages: 2-5

Cost: \$30/child

Worcester County
Recreation Center
6030 Public Landing Rd, Snow Hill MD 21863



Yoga helps children manage their anxiety and improves childrens emotional regulation. Yoga boosts self-esteem and increases children's body awareness and mindfulness.

INSTRUCTOR: Carol Jenkins-Pike, RYT 500

Bring your own yoga mat or borrow one of ours!

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



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.

Name:)aytime/Cell:		
Address:			City: _			State:	Zip	o:
Date of Birth:	Age: Ci	ircle T-Shirt Size:	2T	3T	4T	YS (6-8)	YM (10-12)	YL (14-16)
Parent/Guardian Name:			E-mail:					
Please check here if you	u would like to receive	email announcem	ents on fut	ure progr	ams fron	n Worcester Co	unty Recreation	on & Parks.
Emergency Contact Name:						Phone:		
olunteer to away games as part of the Worce, ainst all claims, demands and causes of actiogram. This indemnity, waiver release externs sufficient training for participation in this sovides no insurance protecting my child. I tarks is committed to providing reasonable as in plan accordingly for these needs. We cam recreation & Parks reserves the right to cat the staff of the Worcester County Departmete payer. Other cancellations on the part of the needlations on the part of the participant with ade by a participant after the above stated the dical condition arises that prohibits a participantage of the registration fee will be refurentage of the registration fee will be refurentage.	ion including court costs and a nds to all claims whether fores program. I hereby authorize me f pictures are taken during the commodations to all participa not guarantee that your request incel a program or division whent of Recreation & Parks cance the participant will be refundable libe refundable as long as it o meline will be non-refundable cipant's ability to participate in inded. For example, if half of the	ttorney's fees directly or een, unforeseen, known edical treatment, at my exprogram, I authorize the nts. If you have special will be met unless the Wich does not meet certain cels an entire program, the le as long as it occurs be ccurs before the program. If a participant is suspent the program, a refund whe program has occurred	indirectly from or unknown. I spense, for my se use of these peneeds, please roccester Count requirements he staff will refore the program a transfer date or a start date or anded from a problem.	n any action have full knochild in the colorostory protection for protecting the Westy Department. In the fund all monam start date after one protection in the fully if a doctory have fully if a doctory and the fully if a doctory have fully if a doctory control in the fully if a doctory have fully if a doctory and the fully if a doctory have fully if a doctory and the fully if a doctory have fully if a doctory and the fully if a doctory have fully if a doctory and the full in the f	or other pro owledge of event of an i iblicity purp orcester Cou int of Recreat ies. All refit or within 2 gram sessio o inappropri or's note is s refunded ha	ceeding arising in an the risks involved in njury or illness durin ioses. The staff of W nty Department of R tion & Parks is notifi- and payments will be weeks after the start in for a 6-week prograte behavioral, no re submitted to the staff ill of the registration	y way from participath this program. My cong the program. I acknowled the program of the content of the program of the content of the program for a summer came fund will be given of the Recreation of the content of t	pation by my child in hild is physically able cnowledge that the Corpartment of Recreati at 410.632.2144 so that cester County Departs of a county check issue 12-week programs. Our program. Cancellate for that program. If a Center and a prorated
Parent/Legal Guardian							vate:	
Please	Adul e use a separ	t Registrate registr	stra ation 1	tio:	n F	orm		
Please	Adul e use a separ	t Registrate registr	stra ation 1	tiol form 1 a Fall 2021	n For ea	O rm ich partic	cipant.	ip:
Please Name:	Adul e use a separ	t Registrate registr	stra ation 1 Toddler Yog	tiol form 1 a Fall 2021	n F	O rm ich partic	cipant. e:z	ip:
Please Name: Address: Male or Female Age:	Adul e use a separ	t Registre registre Worcester County	stra ation 1 Toddler Yog City:	tiol form 1 la Fall 2021	n For ea	Orm uch partic	cipant. e: z	ip:
Please Name: Address: Male or Female Age: Please check here if yo	Adulte use a separ	t Registrate registrate registrate registrate registrate registrate with the control of the cont	stra ation 1 Toddler Yog City: nail:	tiol form 1 la Fall 2021	of For each	Orm uch partic	cipant. e: Z	
Please Name: Address: Male or Female Age:	Adulte use a separ	t Registrate registrat	stra ation f Toddler Yog City: nail: ts on future	form 1 a Fall 2021 programs	for ea	Orm ich partic State	cipant. e: Zi	i p:
Please Name: Address: Male or Female Age: Please check here if yo Home Phone:	Date of Birth:	E-m worcester County E-m mail announcemen Daytime/C al representatives do here (hereinafter called *Inder carticipation in this progra mey's fees directly or indi- seen, unforeseen, known dical treatment, at my ex e. If pictures are taken du mmodations to all particip mot guarantee that your re that to cancel a program or s an entire program, the si made prior to one week by ded from a program due d will be issued only if a of	ation 1 Toddler Yog City: nail: ts on future the liby indemnify, mnities*), from mn. I agree tha irectly arising if or unknown. I pense in the ev- rich trip you in lequest will be I division which laff will gladdly to inappropriat to inappropriat doctor's note is	programs release and d any and all l it I will defent from any acti- have full kno ent of injury. m, I authorizz ave special n net unless the n does not me refund all m of the progra e behavioral submitted to	Photoscharge the discharge the seeds, please a Worcester deet certain reconies. All reconies. All reconies are discharged to the staff at the staff at the seeds, please and the seeds of the seed	State State State State Orcester County County Commission njuries, death or dama y and hold harmless e roceeding arising in a he risks involved in the ring the program. I c hese for publicity pur notify the Worcester County Department o quirements. effund payments will to ible for a refund. An fund will be given for	ers of Worcester Conges and from any anach and every one cany way from my pais program. I am plertify that I am eight poses. The staff of County Department f Recreation & Park that program. If a in that program.	arks. anty, its and all loss, claim, of the Indemnities articipation in this anysically able and teen (18) years of Worcester County t of Recreation & as is notified in of a county check by a participant medical condition
Please Address: Male or Female Age: Please check here if yo Home Phone: Emergency Contact Name: In the undersigned, intending to be legally bound presentatives, employees, contractors, voluntaringuries to me or to my property, of any kind ainst all claims, demands and causes of action ogram. This indemnity, waiver and release expressificient training for participation in the present of Recreation & Parks is committee that at 410.632.2144 so that we can plan accordance. Worcester County Department of Recreation & Parks is committee that at 410.632.2144 so that we can plan accordance. Worcester County Department of Recreation & Parks is committeen that the properties of the worcester County Department of the payer. Other cancellations on the tert the above stated timeline will be non-reful ises that prohibits a participant's ability to participant's abili	Date of Birth:	E-m Temail announcemen Daytime/C al representatives do here (hereinafter called *Inder participation in this programey's fees directly or indiseen, unforeseen, known edical treatment, at my exp. If pictures are taken du mimodations to all participant guarantee that your registro to cancel a program or so an entire program, the si made prior to one week by the ded from a program due d will be issued only if a cared you will only be refused.	ation 1 Toddler Yog City: nail: ts on future the liby indemnify, mnities*), from mn. I agree tha irectly arising if or unknown. I pense in the ev- rich trip you in lequest will be I division which laff will gladdly to inappropriat to inappropriat doctor's note is	programs release and d any and all l it I will defent from any acti- have full kno ent of injury. m, I authorizz ave special n net unless the n does not me refund all m of the progra e behavioral submitted to	Photoscharge the discharge the seeds, please a Worcester deet certain reconies. All reconies. All reconies are discharged to the staff at the staff at the seeds, please and the seeds of the seed	State State State Orcester County County Commission In the state of the state	Recreation & Parages and from any a cach and every one cany way from my pais program. I am plertify that I am eighth poses. The staff of County Department of Recreation & Park one paid in the form of y cancellations mader that program. If a reand a prorated percentage of the provided in the form of y cancellations mader that program. If a reand a prorated percentage of the provided in the form of y cancellations mader that program. If a reand a prorated percentage of the provided in the form of y cancellations mader that program. If a reand a prorated percentage of the provided in the form of y cancellations mader that program.	arks. anty, its and all loss, claim, of the Indemnities articipation in this anysically able and teen (18) years of Worcester County t of Recreation & as is notified in of a county check be by a participant medical condition