



2021

Winter Break Camp(s) 2 day

PROGRAM INFORMATION

Option 1: Monday & Tuesday
December 20 & 21

Option 2: Tuesday & Wed.
December 28 & 29

9:00 a.m. - 4:00 p.m.

Cost: \$50/child, \$45/add. child

Extended Hours

7:30 a.m. - 5:30 p.m.

Cost: \$5 additional cost

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!

Participants will have fun playing various sports, games, making crafts and more! If needed, time will be set aside for school work.

Campers bring their own lunch, snack will be provided.

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



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 Winter Break Camp 2021

Name: _____ Age: _____ Male or Female

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ School Attending: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____ Daytime/Cell: _____

Please check which camp:	December 20 & 21	December 28 & 29
Full Day 9:00 a.m. - 4:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day 7:30 p.m. - 5:30 p.m.	<input type="checkbox"/>	<input type="checkbox"/>

E-mail: _____

Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks.

Emergency Contact Name: _____ Phone: _____

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program. Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

Date: _____ Amount: _____ Cash, Chk, or CC # _____ Initials: _____ Receipt # _____ CAF: _____