



Spring 2026

# Early Bird Fitness

## PROGRAM INFORMATION

**Mondays,  
Wednesdays, and  
Fridays**

**April 6 - June 17**

9:00 a.m. - 9:40 a.m.

Ages: 45 and older

Cost: \$45/person

**Worcester County  
Recreation Center**

6030 Public Landing Rd, Snow Hill MD 21863

## HOW TO REGISTER

In person, mail, or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

All payments must be received prior to participation

Make checks payable to: Worcester County



Class includes -Variety of activities that will include cardio, strength, balance, and floor workouts. Get ready to have fun and get fit!

MARYLAND'S  
*Coast*  
WORCESTER COUNTY  
Recreation & Parks



SCAN ME

For more information contact Joe Tolbert at  
(410) 632-2144 x2505 or [jtoltbert@worcestermd.gov](mailto:jtoltbert@worcestermd.gov)

# Adult Registration Form

Please use a separate registration form for each participant

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Circle T-Shirt Size:    YS(6-8)       YM(10-12)    YL(14-16)    AS       AM       AL       AXL

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically healthy and able to participate in this program. Acknowledgement of Medical Treatment: I authorize medical treatment, at my expense in the event of an injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

NOTICE: If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, no refund will be given for that program. If a medical condition arises 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 at the Recreation Center and a prorated percentage of the registration will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash or Check #: \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt #: \_\_\_\_\_