

Summer 2024

Early Bird Fitness

PROGRAM INFORMATION

Mondays, Wednesdays, and Fridays

July 8 - September 20

8:00 a.m. - 8:40 a.m.

Ages: 45 and older

Cost: \$45/person



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

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



For more information contact Joe Tolbert at (410) 632-2144 x2505 or jtolbert@co.worcester.md.us

Adult Registration Form

Please use a separate registration form for each participant. Worcester County 2024

| ddress: | | | City: | State: | Zip: | |
|---|--|---|--|---|--|--|
| Male or Female | Age: | Date of Birth: | E-mail: | | | |
| Please ch | eck here if y | ou would like to receive ema | il announcements on fut | ure from Worcester Co | ounty Recreation & Parks | |
| Home Phone: | ne: Daytime/Cell Phone: | | | | | |
| Emergency Contact Name: | | | | Phone: | | |
| am. I agree to indemnify the in I am physically healthy and a knowledge that the county pro OTICE: If the staff of the Wor one week before the start of the am due to inappropriate behave | ndemnities against able to participate i ovides no insurance cester County Depo ne program to be el tioral issues, no ref | the County Commissioners of Worcester Cor all claims, including court costs and attorney in this program. Acknowledgment of Medical protecting me. Photo Release: If pictures are artment of Recreation & Parks cancels an enti- igible for a refund. Any cancellations made b und will be given for that program. If a medic creation Center and a prorated percentage of t | fees arising from that participation. I u Treatment: I authorize medical treatme taken during the program, I authorize i ire program, the staff will refund all mo y a participant after the above stated tin al condition arises that prohibits a part | nderstand the risks involved in this ant, at my expense in the event of it the use of these photos for publicit, nies. Other cancellations on the pa neline will be non-refundable. If a icipant's ability to participate in the | s program. Acknowledgement of Abili- njury of illness during the program. I y purposes. urt of the participant must be made prior participant is suspended after a pro- e program, a refund will be issued only | |
| Participant's Signature: | | | | Date: | | |
| | | Office | Use Only | | | |
| Date: | Amount:_ | Cash, Chk, or 0 | CC # Initia | ls: Rece | eipt # | |