

FITNESS ROOM



AGES 14 & OLDER

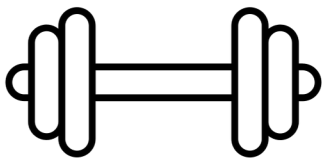
COME WORK OUT IN OUR FITNESS ROOM!!

You **MUST** be a registered member to use this facility.

HOURS

MON: 6 A.M.- 8:45 P.M.
TUES: 6 A.M.- 8:45 P.M.
WED: 6 A.M.- 8:45 P.M.
THURS: 6 A.M.- 8:45 P.M.
FRI: 6 A.M.- 6:45 P.M.
SAT: 9 A.M.- 2:45 P.M.
SUN: 9 A.M. -2:45 P.M.

***TIMES SUBJECT
TO CHANGE***



MEMBERSHIP FEES

ONE YEAR: \$100
SIX MONTH: \$60
THREE MONTH: \$40
DAILY DROP-IN: \$5



EQUIPMENT

LANDICE TREADMILLS
OCTANE ELLIPTICAL
NU STEP BIKE
SPIN BIKE
MULTI FUNCTION LEG MACHINE
FUNCTIONAL TRAINER & PRESS
FREE WEIGHTS
DIP MACHINE
STAIR CLIMBER
FOUR SQUAT RACKS

WWW.PLAYMARYLANDSCOAST.ORG

Contact the Recreation Center for more information at 410-632-2144 or recandparks.co.worcester.md.us

Youth Registration Form

Check Membership -
 Daily 3 mo. 6 mo. 1 yr.

Please use a separate registration form for each participant under 18.

Worcester County - Fitness Room

Name: _____ Age: _____ Male or Female

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

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

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

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: _____

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 fees, arising from that participation. I recognize that participation in recreation and instructional activities, even when well supervised and managed, may pose a risk of physical injury to my child. Acknowledgement of Ability: My child is physically healthy and able to participate 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.) 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. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

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

Parent/Legal Guardian Signature: _____ Date: _____

I have watched the video and agree to adhere to the fitness room policies.

Office Use Only
Date: _____ Amount: _____ Cash or Check # _____ Initials: _____ Receipt # _____

Adult Registration Form

Check Membership -
 Daily 3 mo. 6 mo. 1 yr.

Please use a separate registration form for each participant.

Worcester County - Fitness Room

Name: _____

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

Male or Female Age: _____ Date of Birth: _____ E-mail: _____

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

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ 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 that participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically healthy and able to participate in this program. Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense in the event of 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.

Participant's Signature: _____ Date: _____

Office Use Only
Date: _____ Amount: _____ Cash or Check # _____ Initials: _____ Receipt # _____