



RECREATION & PARKS

Spring 2024

Zumba Fitness

PROGRAM INFORMATION

Tuesdays

May 14 - June 18

5:30 p.m. - 6:30 p.m.

Ages: 18 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

All payments must be received prior to participation
Make checks payable to: Worcester County



Come join Miss Dee for a Low to Medium impact Zumba Class. This Latin-inspired aerobics class will get your heart pumping, relieve stress, help with coordination, help you lose weight, build confidence and is a great way to interact socially with people of all ages, backgrounds and sizes. Music includes Pop, Latin, African, Soca and etc.

**Instructor: Miss Dee,
Official Zumba Instructor**

Participant maximum: 20

Shoes recommended for this class: walking, cross-trainers and dance shoes. Running shoes are for forward movement and in Zumba, side movement and backward movement may occur. Dancing isn't about how you look, it's about how it makes you feel! Bring your water, towel and YOUR SMILE! Get Fit and Have Fun!!

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



For more information contact Myro Small at
(410) 632-2144 x2512 or msmall@marylandscoast.org

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County 2024

Name: _____

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

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

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

Home Phone: _____ Daytime/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, Chk, or CC # _____ Initials: _____ Receipt # _____