



Spring 2025

Dog Obedience Classes

PROGRAM INFORMATION

Thursdays

April 17 - May 22

Beginner: 6:00 p.m. - 7:00 p.m.

Advanced: 7:00pm - 8:00 p.m.

Cost: \$50 per dog

Get those pups ready for some training. Instructor Laura Opdkye will teach your dog how to behave in public and work on walking/pulling and overall obedience.

Each class will be limited to 8 dogs. Dog handlers must be 16yrs and older or have adult supervision.

Proof of shots are required.

Please bring a leash, collar, treats and any personal training devices with you to each class!



Registration Deadline is APRIL 11*

Worcester Co. Rec. Center
6030 Public Landing Rd, Snow Hill, MD 218

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

MARYLAND'S
Coast

WORCESTER COUNTY
Recreation & Parks



SCAN ME

For more information contact Kyle Jarmon at
(410) 632-2144 x2509 or kjarmon@co.worcester.md.us

Youth Registration Form

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

Worcester County Dog Obedience Class 2025

Name: _____ Age: _____ Male or Female
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ School Attending: _____ Grade: _____

Parent/Guardian Name: ☐ Daytime/Cell: _____ E-mail: _____

Please Select One: ☐ Beginner 6:00 p.m. ☐ Advanced 7:00 p.m.

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. 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.

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

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

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Dog Obedience Class 2025

Name: _____ Age: _____ Male or Female

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

Date of Birth: _____ Daytime Phone: _____ E-mail: _____

Please Select One: ☐ Beginner 6:00 p.m. ☐ Advanced 7:00 p.m.

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 # _____

Dog Information

Breed: _____ Age: _____

List Previous Trainings (if none mark n/a): _____

Tell us how your dog interacts with other dogs: _____