Summer 2024

SUP Yoga

PROGRAM INFORMATION

Wednesdays

June 5- July 24

6:00 p.m. - 7:30 p.m.

Ages: 16 years and older

Cost: BYO SUP $65/person

SUP RENTAL $80/person

Baywater Landing Marina
3908 Bayside Road, 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

BAYWATER LANDING

Instructor: Colleen Sullivan
E-RYT 200, 500 RYT & YACEP

Stand up paddleboard (SUP) Yoga will be held at Baywater Landing Marina. Take a 15 minute paddle together to the yoga location and enjoy one hour of SUP Yoga! Beginners are welcome!
Partipants are able to bring their own SUP or have the option to rent a SUP!

MARYLAND'S Coast
WORCESTER COUNTY
Recreation & Parks

For more information contact Trudy Gebhardt at
(410) 632-2144 x2514 or tgebhardt@marylandscoast.org

Youth Registration Form

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

Worcester County 2024

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:** _____

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:** _____

☐ **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 of 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.
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Participant's Signature: _____ **Date:** _____