

Worcester County Department of Recreation & Parks
6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585

After School Zone

**Monday - Friday,
August 29, 2011 - June 13, 2012**

TIME: 3:00 - 5:30 p.m.

WHERE: Worcester County Recreation Center,
Just off Hwy 113 in Snow Hill

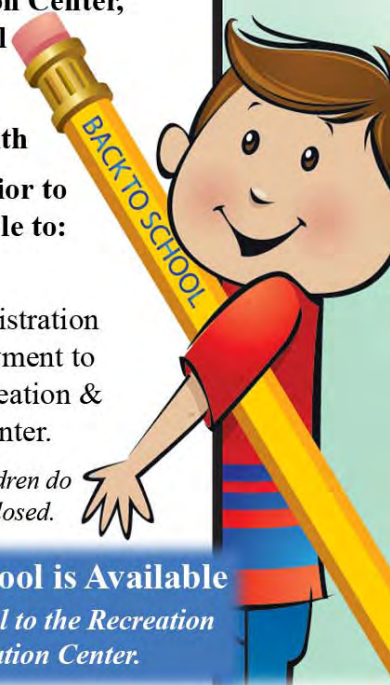
OPEN TO: K - 8th Graders

COST: \$80 per person per month

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

REGISTRATION: Complete registration form on the back. Mail form with payment to Worcester County Department of Recreation & Parks or stop by the Recreation Center.

After School Zone Program does not run if children do not have school or the Recreation Center is Closed.



Transportation from Snow Hill Elementary & Middle School is Available

Transportation will be provided from Snow Hill Elementary & Middle School to the Recreation Center. Parent/Guardian will need to pick up children from the Recreation Center.

After school hours are a critical time for youth. This time offers children an opportunity to learn and grow through quality after school programs. Through After School Zone children will learn new skills, sportsmanship, teamwork, cooperation, gain leadership skills, and develop decision-making abilities.

Activities will include basketball, volleyball, tennis, lacrosse, baseball, soccer, golf and many more sports. We will practice fundamentals of each sport and then apply skills to games.

We will play cooperative games, do arts and crafts projects, celebrate holidays, and many more fun and exciting activities. Participants will also have the opportunity to work on their homework.

Contact Kelly Buchanan for more information at 410.632.2144 x103 or
kbuchanan@co.worcester.md.us

The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

Youth Registration Form

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

Worcester County After School Zone August 2011 - June 2012

Name: _____ Home Phone: _____ Age: _____

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

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

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

Do you wish to be a volunteer : _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do hereby indemnify, release and discharge the County Commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities"), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child's participation in this program. My child has permission to travel with a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other proceeding arising in any way from participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. My child is physically able and has sufficient training for participation in this program. I hereby 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. If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

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Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

Date: _____ Amount: _____ Cash or Check # _____ Initials: _____ Receipt # _____