



Early Bird Gym

PINEWOOD ELEMENTARY SCHOOL GYM
LUTHERVILLE-TIMONIUM RECREATION COUNCIL
Baltimore County Department of Recreation and Parks



Thursday, September 8 – 7PM / PINEWOOD ELEMENTARY – GYM HALLWAY

PARTICIPANTS WILL BE GIVEN LOTTERY NUMBERS

Lottery begins at 7PM until all slots are filled – FILLS UP QUICKLY!

- **Walk-in registration is the only method of registration**
- **All children must be registered by an adult**
- **One lottery number per family – includes all children in that family**
- **Payment: One check per family – Payable to LTRC**
- **Questions? Contact Mark Gambo at 410-561-0698**

WHEN: M/W/F: September 19 – October 28: **\$50.00 per child for 6-week session**

T/TH: September 20 – October 27: **\$40.00 per child for 6-week session**

WHO: 1st – 5th grade students

TIME: 7:45am – 8:30am (Students go directly to their appropriate classrooms at the conclusion of each class)

INSTRUCTORS: Seth Wheatkamp / Crystal Westerberg / Pat Pilson

Students will engage in activities that follow the physical education program giving them added opportunity for skill development and fitness. Students will also be able to choose activities that suit their interests. CLASS SIZE WILL BE LIMITED TO 30 STUDENTS. These programs are designed to provide a healthy and enjoyable experience for your child. However, they are not licensed childcare programs and are not designed to provide childcare. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff and volunteers cannot detain youth wishing to leave at any time. Should you require special accommodations (i.e. sign language interpreter, large print, etc) please give as much notice as possible to the Therapeutic Office at 410-887-5370 (voice) 410-887-5319 (TT/Deaf)

-----TEAR OFF-----

REGISTRATION FORM

Student's Name: _____ **Grade/Teacher** _____

Address: _____

Phone: _____ **Date of Birth:** _____

Person to notify in case of emergency; if under 18/parent or guardian

Name: _____ **Phone:** _____ **Cell:** _____

Physician's Name: _____ **Phone:** _____

Check One: M/W/F Program **OR** T/TH Program **PAID** **CHECK#:** _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY: I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity representative and collectively the "activity representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY. I further understand that concussion information is available at www.cdc.gov/concussions. I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims, costs demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Parent/Guardian: _____ **Date:** _____

