



DEPARTMENT OF
RECREATION AND PARKS

Early Bird Gym

RIDGELY MIDDLE SCHOOL GYM

LUTHERVILLE-TIMONIUM RECREATION COUNCIL

Baltimore County Department of Recreation and Parks



Ridgely Middle School's Early Bird Gym is a program offered to students at Ridgely Middle School. Students will engage in activities that follow the physical education program giving them added opportunity for skill development, fitness and fun.

Who: Ridgely Middle School boys and girls students (6th, 7th and 8th grade students)

What: Fun individual and team activities and games for all students

Where: Ridgely Middle School Gymnasium and or activity room

Session #1 (Fall – 8 weeks) September 12 – November 3, 2017

M – F 7am – 8 am

Session #2 (Spring – 8 weeks) March 6 – April 27, 2018

M – F 7am – 8 am

Benefit: a great way to feel better, gain health/fitness benefits and have fun.

Cost: \$110 per session/per student

Walk-In Registration June 1ST (3-7pm) RMS Gym Lobby

Instructors: Mr. Sanz and Mr. Schoff –both Physical Education Teachers at Ridgely Middle School

Program Details: Each session will be limited to first 40 registrants.

If Baltimore County Schools are closed or delayed, there will be no Early Bird Gym

Make Check payable to: LTRC. Memo line enter: RMS Early Bird Gym-

Mail or drop off check to Ridgely MS (121 E. Ridgely Rd, Lutherville, MD 21093) Att. Mr. Sanz or Mr. Schoff

For questions please contact Mr. Sanz at lsanz@bcps.org or Mr. Schoff at lschoff@bcps.org

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 40 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. Should you require special accommodation. (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

Print Student's Name: _____ **Grade** _____

Address: _____

Phone(s): _____ **Date of Birth:** _____

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

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

Check Session(s): Session #1: _____ **Session #2** _____

PAID CHECK#: _____

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that 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 have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. 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 Participant (if over 18) OR of parent/guardian (if under 18): _____ **Date** _____

Print Name of Signature _____ **EMAIL ADDRESS** _____