



# Early Bird Gym



**PINEWOOD ELEMENTARY SCHOOL GYM**  
**LUTHERVILLE-TIMONIUM RECREATION COUNCIL**

*Baltimore County Department of Recreation and Parks*

## Pinewood Elementary – Gym Lobby

Participants will be given lottery numbers - Lottery begins at 7pm, until all slots are filled

Please note:

- **Walk in registration is the only method of registration.**
- **All children must be registered by an adult.**
- **Please include one check per family made out to LTRC**

**Early Bird gym fills up quickly.**

Should you have any questions please contact Patty Newton at 410-409-1976.

**WHO:** 1<sup>st</sup> - 5<sup>th</sup> grade students

**TIME: 8 a.m. - 8:45 a.m.** (students will go directly to their appropriate classrooms at the conclusion of each class).

**Instructors:** Patricia Pilson - Physical Education teacher at Pinewood  
Mr. Harrison - Former Physical Education teacher

*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 children.*

*Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling 410-887-7684 or the therapeutic office at 410-887-5370 (voice) 410-887-5319 (TT/Deaf).*



-----**Tear Off**-----

<b><u>REGISTRATION FORM</u></b>	
Student's Name _____	Grade/Teacher _____
Address _____	
Phone _____	Date of Birth _____
Person to notify in case of emergency; if under 18, parent/guardian	
Name _____	Phone: _____ Cell phone/beeper _____
Physician's Name _____	Phone: _____
<b>Check One:</b> M/W/F Program <input type="checkbox"/> <b>OR</b> Tues/Thurs Program <input type="checkbox"/> Paid <input type="checkbox"/> Check # _____	
<i>(Make Checks payable to LTRC)</i>	

### **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 risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at [www.cdc.gov/concussions](http://www.cdc.gov/concussions) .

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 on "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 unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives 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 this 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 information provided in this registration form is incorrect or changes through 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 drivers 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: \_\_\_\_\_