Above & Beyond 2012 Summer Adventure Programs

410-459-1272 / aboveandbeyond1@comcast.net

Learn trust, cooperation & teamwork through games and low & high ropes elements held at Harford Glen and Edgeley Grove. Ages **9-15** meet on Monday-Friday, 9:30 a.m. – 12:30 p.m. Cost is **$80** for 1 week-long session (includes t-shirt); Limited enrollment (14 per session). Ages 9-15 will be utilizing our high & low ropes course at Harford Glen & our Climbing Wall at Edgeley Grove. The **7-8 yr. old "mini-session"** will be held from 1:00-3:00 pm on Tuesday, Wednesday &Thursday of designated weeks; the cost for this mini-session is **$35**.

Please ✓ Your Session Choice

Participants must be in appropriate age group; birth dates will be verified.

		Date	Age Group	Fee			Date	Age Group	Fee
FULL	Session 1:	June 25-29	Ages 9-10	$80	FULL	Session 4:	July 23-27	Ages 13-15	$80
☐	Session 1P:	June 26-28	Ages 7-8 mini	$35	☐	Session 5:	Aug 6-10	Ages 11-12	$80
FULL	Session 2:	July 9-13	Ages 11-12	$80	FULL	Session 6:	Aug 13-17	Ages 9-10	$80
☐	Session 3:	July 16-20	Ages 9-10	$80	☐	Session 6P	Aug 14-16	Ages 7-8 mini	$35

Waiting lists-call 410-638-3572

Name: _____
Last First Middle

Address: _____
Street

_____
City State Zip Code

Home Phone Number: _____ Participant's Date of Birth: _____

Emergency Phone: _____ Emergency Name: _____

Pertinent Information: (Special medication, allergies, special assistance, adaptive equipment, sign language interpreter, etc.)

_____

_____

Have you ever been a participant in a ropes/adventure program prior to this? If so, when & where?

_____

In consideration of the acceptance of my participation in this program, I hereby for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against Harford County, a body corporate and politic of the State of Maryland, Harford County Public Schools, their agents and sponsors, for any and all liability claims, judgments, or demands for damages arising as a result of any course or activity conducted by facilitators and staff. I further attest by my signature the recognition of the inherent risk involved in participation in any physical activity and certify that I am (my child is) a willing participant in this Adventure Experiential Program. Above & Beyond reserves the right to photograph participants for publicity purposes.

_____
Parent/Guardian's Name (please print) E-mail Address

_____ _____
Parent/Guardian's Signature Date:

Therapeutic Recreation Office: If accommodations are needed (sign language interpreter, support staff, etc.) contact Mike Watkins, Therapeutic Recreation Specialist at 410-638-4899 (voice) or use Maryland Relay by dialing 711 (for the hearing impaired) at time of registration. This flyer is available in alternative format upon request. The sale or use of tobacco in any form is prohibited on all park property, in school buildings and on school grounds. Failure to comply with this request will subject the individual and/or group to revocation of use.

Make checks payable to: Harford County MD
For questions, please contact Kathy at 410-638-3572

Mail form to: Above and Beyond
Harford County Department of Parks and Recreation
702 North Tollgate Road, Bel Air, MD 21014

HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION
Visit our Website at www.harfordcountymd.gov/parks_rec
David R. Craig, Harford County Executive
Preserving Harford's past; Promoting Harford's future

FOR OFFICE USE ONLY	
Cash/Check	
Amount	
Date	