



Spring 2023

# Active Start Sand Volleyball

## PROGRAM INFORMATION

**Thursdays**

**May 4 - June 8**

**3:30 p.m. - 5:30 p.m.**

**Grades: 4-8**

**Cost: \$35/child**

**Newtown Park**

2001 Groton Road, Pocomoke MD 21851

## HOW TO REGISTER

In person, mail or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

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



Bump, set, spike! Whether your child is a beginner or a more advanced player, this volleyball program will teach your child to love and play the sport of volleyball.

Due to limited seating capacities on buses, participants that need transportation from PMS to Newtown Park must register 2 weeks before the start date of the program. Failure to do so greatly decreases you're child(ren)'s chances of transportation. Remember, a parent/guardian will need to pick up your child.

MARYLAND'S  
**Coast**  
WORCESTER COUNTY  
Recreation & Parks



For more information contact Trudy Gebhardt at  
(410) 632-2144 x2514 or [tgebhardt@marylandscoast.org](mailto:tgebhardt@marylandscoast.org)

# Youth Registration Form

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

Worcester County Active Start Sand Volleyball Spring 2023

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation from School (Pocomoke): Yes NO Circle T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program.

Acknowledgment of Medical Treatment: I 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. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.)

Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_