Worcester County Department of Recreation & Parks

6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585

After School aseball

Fridays, **September 14 - October 19, 2018**

Allow your child to grow and develop his/her baseball skills in a fun environment.

Participants will learn fundamental skills, drills, and play in scrimmage games.

Players will need to bring their gloves!

Registration Deadline: Friday, September 7, 2018

REGISTRATION: Complete registration form on the back. Mail form with payment to **Worcester County Department of Recreation & Parks** or stop by the Recreation Center.

Transportation is available! Transportation will be provided from Snow Hill Middle School to the Recreation Center. Parent Guardian will need to pick up children from the Recreation Center.

TIME: 3:30 p.m. - 5:30 p.m. **WHERE:** John Walter Smith Park

Baseball Fields

OPEN TO: Grades 4th - 8th COST: \$30 per child

\$25 for each additional child Additional \$5 after Registration Deadline!

Financial Aid is available to those who show a demonstrated need. Proof of eligibility is required.

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

max.



Contact Jacob Stephens for more information at 410-632-2144 x2506 or jstephens@co.worcester.md.us



www.WorcesterRecandParks.org







Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County After School Baseball Fall 2018

Address:	Ci	City:School Attending:			Zip:		=,
Date of Birth: Age:	School Attending:				Grade:		
Transportation from School (Snow Hill); Ye	NO Circle T-Shirt Size: YS	(6-8) YM (10-12)	YL (14-16)	AS AM	AL	AXL	AXX
Parent/Guardian Name:	Home	Phone:		_Daytime/Ce	:		_
E-mail:							
Please check here if you would like to	receive email announcements on t	uture programs fron	Worcester Co	ounty Recrea	ation & Pa	arks.	
The second of the second control of the second of the seco							
of Worcester County, its representatives, employees, contract any and all loss, claim, or injuries to my child or to my prop volunteer to away games as part of the Worcester County Re	on behalf of my child, as well as, my heirs, and ors, volunteers, and successors and assigns (hearty, of any kind, arising in any way out of my creation & Parks Department's Youth Program	l personal representatives de ein after called "Indemnitie child's participation in this p I agree that I will defend,	s"), from any and al program. My child l indemnify and hold	ll liability for injo has permission to d harmless each	uries, death travel with and every or	or damage a coach ar ne of the Ir	s and from id/or adu idemnitie
Emergency Contact Name: The undersigned, intending to be legally bound for myself and of Worcester County, its representatives, employees, contract any and all loss, claim, or injuries to my child or to my propy volunteer to away games as part of the Worcester County Re against all claims, demands and causes of action including or program. This indemnity, waiver release extends to all claims has sufficient training for participation in this program. I herely provides no insurance protecting my child. If pictures are tally Parks is committed to providing reasonable accommodations can plan accordingly for these needs. We cannot guarantee the of Recreation & Parks reserves the right to cancel a program. If the staff of the Worcester County Department of Recreation the payer. Other cancellations on the part of the participant will be refundable made by a participant after the above stated timeline will be medical condition arises that prohibits a participant's ability to percentage of the registration fee will be refunded. For example, the participant of the participant will be refunded. For example, the participant will be refunded.	con behalf of my child, as well as, my heirs, and ors, volunteers, and successors and assigns (hereity, of any kind, arising in any way out of my creation & Parks Department's Youth Program and costs and attorney's fees directly or indirect whether foreseen, unforeseen, known or unkny authorize medical treatment, at my expense, ten during the program. I authorize the use of to all participants. If you have special needs, put your request will be met unless the Worcester or division which does not meet certain require a & Parks cancels an entire program, the staff it ill be refundable as long as it occurs before the as long as it occurs before the program start don-refundable. If a participant is suspended from participate in the program, a refund will be in ple, if half of the program has occurred, a participal of the program has occurred, a participal of the program has occurred, a participal of the program has occurred.	i personal representatives de ein after called "Indemnitie child's participation in this participation in this participation in this participation in this participation or other own. I have full knowledge for my child in the event of a hese photos for publicity please notify the Worcester County Department of Reciments. Vill refund all monies. All improgram start date or within the or after one program session a program due to inappresued only if a doctor's note cipant will only be refunded.	o hereby indemnify, s"), from any and all program. My child I indemnify and hole proceeding arising of the risks involve in injury or illness durposes. The staff of county Department reation & Parks is not refund payments with a 2 weeks after the sion for a 6-week propriate behavioral, it is submitted to the I half of the registra	Il liability for injulas permission to dharmless each in any way from din this program turing the program turing the program of Worcester Cou of Recreation & otified in advance ill be paid in the start of a program or summ no refund will be staff at the Recr	uries, death of travel with and every or participation. My child in m. I acknow onty Departm Parks at 410 e. Worcester form of a confor a 12-weight at 12-weight and produce given for the state of the	or damages a coach as ne of the Ir on by my cl is physicall ledge that t ment of Rec 0.632.2144 r County D county checl eek progra ogram. Can hat program	s and from ad/or adual demnition in the y able and the Countercation of so that we repartment is issued the ms. Other cellation in If a