

Co-Ed

Softball League



Fridays

Beginning August 21, 2020

Wednesdays will be used as an alternate day of the week.



The coaches meeting will be held on Wednesday, August 12, 2020 at 6:00 p.m. at the WCRC. Please plan on having one team representative attend.

TIME: 6:30 p.m. - 10:00 p.m.

WHERE: Newtown Park

OPEN TO: Ages 18 & older

COST: \$410 per team

REGISTRATION:

- Online
- Mail In
- In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

Deadline for team registration is Wednesday, August 12, 2020.

Space is limited to 12 teams.

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



www.WorcesterRecandParks.org

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Co-Ed Softball 2020

Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Male or Female Age: _____ Date of Birth: _____ E-mail: _____

Home Phone: _____ Daytime/Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

The undersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the County Commissioners of Worcester County, its representatives, employees, contractors, volunteers and successors and assigns (hereinafter called *Indemnities*), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to me or to my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other proceeding arising in any way from my participation in this program. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. I am physically able and have sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness during the program. I certify that I am eighteen (18) years of age or older. I acknowledge that the county provides no insurance protecting me. If pictures are taken during the program, I authorize the use of these for publicity purposes. The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will gladly refund all monies. All refund payments will be paid in the form of a county check issued to the payer. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended from a program due to inappropriate behavioral issues, no refund will be given for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff at the Recreation Center and a prorated percentage of the registration fee will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Participant's Signature: _____ Date: _____

Office Use Only

Date: _____	Amount: _____	Cash, Chk, or CC # _____	Initials: _____	Receipt # _____
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