Worcester County Department of Recreation & Parks

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



Co-Ed

Volleyball League

Sundays

September 16 - December 16, 2018

Payment is due at the team meeting Tuesday,
September 11, 2018 at 7:30 p.m.
at the Recreation Center in Snow Hill.

Teams of six, with a minimum of 2 women playing at all times, will compete in this co-ed volleyball league designed for the player who wants to experience hard-hitting action and skilled competition. Team representatives are required to attend the pre-season meeting and agree to act as a liason between the Recreation Department and their players. Divisions and schedules will be determined based on the number of registered teams (4 team minimum is required).

TIME 1:00 p.m. - 3:00 p.m. WHERE Worcester County Recreation Center OPEN TO: Ages 14 & older COST: \$215 per team

RECISIRATION: Complete registration form on the back.
Mail form with payment to Worcester County Department of Recreation & Parks or stop by the Recreation Center.
All payments must be received prior to participation.
Make checks payable to:
Worcester County

Contact Trudy Porch for more information at 410-632-2144 x2520 or tporch@co.worcester.md.us











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.

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County Co-Ed Volleyball Fall 2018

TORN CO.				_ Home Phone: _			_Age:
ddress:			City:		State:	Ziį	p:
Date of Birth:	Sc	hool Attending:					Grade:
arent/Guardian I	Name:		Home Pho	one:	Da	ytime/Cell:_	
eam Name :		E-mail:					
Please	e check here if you v	vould like to receive email a	nnouncements on 1	future programs fr	om Worcester C	ounty Recre	eation & Parks.
unteer to away games a inst all claims, demand gram. This indemnity, a sufficient training for p vides no insurance profi ks is committed to prov plan accordingly for the Accreation & Parks rese he staff of the Worceste payer. Other cancellations ier cancellations on the occllations made by a p gram. If a medical concrated percentage of the	as part of the Worcester Co ls and causes of action inch warver release extends to a participation in this program tecting my child. If picture widing reasonable accommon uses needs. We cannot guar erves the right to cancel a part erves the right to cancel a part of the participant will warticipant after the above so dition arises that prohibits a registration fee will be ref	ny property, of any kind, arising in arounty Recreation & Parks Departmen uding court costs and attorney's fees of all claims whether foreseen, unforeseen. I hereby authorize medical treatmer es are taken during the program, I au dations to all participants. If you have antee that your request will be met un orogram or division which does not mecreation & Parks cancels an entire pricipant will be refundable as long as it occurs bettated timeline will be non-refundable a participant's ability to participate in unded. For example, if half of the pronature: Office Cash, Chk, or Co	It's Youth Program. I agree directly or indirectly from Inn., known or unknown. I hat, at my expense, for my or thorize the use of these place special needs, please no cless the Worcester County teet certain requirements. The program is suspended to cours before the program start date. If a participant is suspend the program, a refund will operam has occurred, a participant is suspended to the program as a refund will operam has occurred, a participant is suspended to the program is suspended to the program as a refund will operam has occurred, a participant is suspended to the program has occurred, a participant is suspended to the program as refund will operam has occurred.	the that I will defend, indicany action or other procuave full knowledge of it shild in the event of an inhotos for publicity purportify the Worcester County Department of Recreating all monies. All refunds start date or within 2 to a or after one program seeded from a program due to be issued only if a docticipant will only be refu	emnify and hold harm eeding arising in any he risks involved in the jury or illness during sees. The staff of Wor ty Department of Recon & Parks is notified d payments will be pa weeks after the start or ssion for a 6-week pro to inappropriate beha tor's note is submittee inded half of the regis Date	dess each and every any from partici- is program. My the program. I ac cester County D reation & Parks in advance. Wo id in the form of f a program or summe vioral, no refund t to the staff at the tration fee.	very one of the Inder ipation by my child i child is physically al child is physically al chrowledge that the G epartment of Recrea at 410.632.2144 so to creaster County Depa f a county check issue a 12-week programs. er camp program. I will be given for the the Recreation Center
	Please us	Adult Researchers	gistration f	orm for ea		pant.	
ime:	Please us	se a separate re		orm for ea all Fall 2018			
	Please us	se a separate re	gistration fo County Co-Ed Volleybo	orm for ea all Fall 2018	ch partici n Name/Capta	in:	
ldress:		se a separate re	gistration for County Co-Ed Volleyba	orm for ea all Fall 2018 Team	ch partici Name/Capta State:	in: Zip: _	
dress:	Age:	se a separate re Worcester 0	gistration for county Co-Ed Volleybar	orm for ea all Fall 2018 Team	ch partici Name/Capta State:	in: Zip:	
Idress: ale or Female Please check	Age: k here if you would	Date of Birth:	gistration for county Co-Ed Volleybar	orm for ea all Fall 2018 Team ure programs fro	ch partici Name/Capta State: m Worcester C	in:Zip:	eation & Parks
Idress: ale or Female Please check ome Phone:	Age: k here if you would	Date of Birth:	gistration for county Co-Ed Volleybox	orm for ea all Fall 2018 Team ure programs fro	ch partici Name/Capta State: m Worcester C	in:Zip:	eation & Parks
Aldress: Ale or Female Please check The Phone: Intergency Cont Intergency Cont Intergency Cont Intergency Cont Intergency Cont Interpedict of the Worder Interpedict of Recreation Interpedict of the Worcest Interpedict of	Age:	Date of Birth:	City: City: E-mail: uncements on future: cralled *Indemnities*), from in this program. I agree directly or indirectly arisin researe, known or unknownent, at my expense in the researe taken during the program to all participants. If you tell a program or division who program, the staff will glate to one week before the stap program due to inappropsued only if a doctor's not	orm for ea all Fall 2018 Team Team	State: Thone: The County Commiss for injuries, death or of mify and hold harmle her proceeding arising of the risks involved as during the program. The of these for publicity ease notify the Worce ster County Departments we eligible for a refund, no refund will be given to refund will be given.	in:zip: zip: zip: zioners of Worce damages and fror ess each and eve in any way fror in this program. I certify that I a purposes. The ster County Dep not of Recreation vill be paid in th Any cancellation for that program.	ster County, its m any and all loss, cl ry one of the Indenm m my participation ir I am physically able am eighteen (18) yea staff of Worcester Co partment of Recreatic & Parks is notified if the form of a county co ms made by a partici m. If a medical cond
Please checkers are the	Age:	Date of Birth: Like to receive email anno Daytime Phor Tell as my heirs and personal represent and successors and assigns (hereinaftering in any way out of my participation unding court costs and attorney's fees to all claims whether foreseen, unforant. I hereby authorize medical treatmon insurance protecting me. If picture providing reasonable accommodation by for these needs. We cannot guarant on & Parks reserves the right to cance decreation & Parks cancels an entire profit the participant is suspended from a set in the program, a refund will be issue in the program, a refund will be issued.	city:	ream for ea all Fall 2018 Team Tea	ch particinal Name/Captana State: Thome: Thome: The County Commission for injuries, death or comify and hold harmle are proceeding arising of the risks involved so during the program. To of these for publicity ease notify the Worce ster County Department in requirements. All refund payments we eligible for a refund. To refund will be given fat the Recreation Central Participation of the Recreation Central Participation of the Participation of	zip:	ster County, its many and all loss, clay one of the Indemn my participation it am physically able am eighteen (18) yeastaff of Worcester Countment of Recreation. & Parks is notified the form of a county come made by a particum. If a medical condited percentage of the
Please checkers of the undersigned, intending or the undersigned, intending or the undersigned, intending or the undersigned, intending or the undersigned. Intending or the undersigned of the undersigned	Age:	Date of Birth: Like to receive email anno Daytime Phore To any heirs and personal represent and successors and assigns (hereinaftering in any way out of my participation and in any way out of my participation and court costs and attorney's fees to all claims whether foreseen, unfor ano insurance protecting me. If picture providing reasonable accommodation by for these needs. We cannot guarant on & Parks reserves the right to cance Recreation & Parks cancels an entire of the participant must be made prior e. If a participant is suspended from a stein the program, a refund will be is if of the program has occurred you with the program has occu	city:	ream for ea all Fall 2018 Team Tea	ch particinal Name/Captana State: Thome: Thome: The County Commission for injuries, death or comify and hold harmle are proceeding arising of the risks involved so during the program. To of these for publicity ease notify the Worce ster County Department in requirements. All refund payments we eligible for a refund. To refund will be given fat the Recreation Central Participation of the Recreation Central Participation of the Participation of	zip:	ster County, its m any and all loss, cl ry one of the Indenm m my participation ir I am physically able am eighteen (18) yea staff of Worcester Co partment of Recreatic & Parks is notified if the form of a county co ms made by a partici m. If a medical cond