Worcester County Department of Recreation & Parks

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



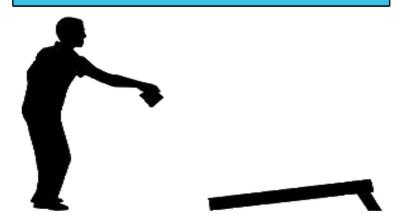
winter

Comhole League

Thursdays January 16 - April 2, 2020

Teams may have up to 4 players on their roster. Each team will play 5 games per night and standings will be kept.

Professional bags will be provided.



Deadline for team registration is Thursday, January 9, 2020.

TIME: 6:30 p.m. - 9:00 p.m.
WHERE: Worcester County
Recreation Center
OPEN TO: Ages 18 & older
COST: \$80 per team

REGISTRATION:

- Online
- Mail In
- **►** In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

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















www.WorcesterRecandParks.org

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.

Adult Registration Form

Please use a separate registration form for each participant. Worcester County Comhole Leauge Winter 2020

| Name: | | Team Name: | |
|--|--|---|--|
| Address: | | | |
| City: | | State: | Zip: |
| Male or Female Age: | Date of Birth: | E-mail: | |
| Please check here if you | ı would like to receive email anr | nouncements on future programs from | Worcester County Recreation & Parks |
| Home Phone: | D | aytime/Cell Phone: | |
| Emergency Contact Name: | | Phone: | |
| imployees, contractors, volunteers and successors my property, of any kind, arising in any way out of auses of action including court costs and attorney elease extends to all claims whether foreseen, unfor orgam. I hereby authorize medical treatment, at o insurance protecting me. If pictures are taken due asonable accommodations to all participants. If ye cannot guarantee that your request will be met or cancel a program or division which does not mee if the staff of the Worcester County Department of the payer. Other cancellations on the part of the par meline will be non-refundable. If a participant is sarticipant's ability to participate in the program, a for example, if half of the program has occurred your contents. | and assigns (hereinafter called *Indemnities* my participation in this program. I agree that is fees directly or indirectly arising from any a reseen, known or unknown. I have full know my expense in the event of injury or illness of uring the program, I authorize the use of these you have special needs, please notify the Wor unless the Worcester County Department of I et certain requirements. Recreation & Parks cancels an entire program ticipant must be made prior to one week before suspended from a program due to inappropria refund will be issued only if a doctor's note ou will only be refunded half of the registration. | *), from any and all liability for injuries, death or damage t I will defend, indemnify and hold harmless each and evaction or other proceeding arising in any way from my pyledge of the risks involved in this program. I am physical during the program. I certify that I am eighteen (18) year for publicity purposes. The staff of Worcester County Decester County Department of Recreation & Parks at 410 Recreation & Parks is notified in advance. Worcester County Department of the program of the staff will gladly refund all monies. All refund payer the start of the program to be eligible for a refund. An the behavioral issues, no refund will be given for that pro is submitted to the staff at the Recreation Center and a poor fee. | ororated percentage of the registration fee will be refunded |
| Participant's Signature: | | Date: | |
| | Office | Use Only | |

Cash, Chk, or CC #_

Date:

Amount:

Receipt #_

Initials: