



Winter 2022

# Cornhole Leagues

## PROGRAM INFORMATION

**Thursdays**

**Beginning January 13**

**Doubles League**

**6:30 p.m. - 7:30 p.m.**

**Ages: 18 and older**

**Cost: \$60/team**



- Each team will play at least 5 games/night
- **Deadline for registration is Monday, January 10.**

Worcester County  
Recreation Center  
6030 Public Landing Rd, Snow Hill MD 21863

## 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

MARYLAND'S  
*Coast*  
WORCESTER COUNTY  
Recreation & Parks



For more information contact Hunter Nelson at  
(410) 632-2144 x2506 or [hnelson@marylandscost.org](mailto:hnelson@marylandscost.org)

# Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Cornhole League Winter 2022

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

Address: \_\_\_\_\_

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

Male or Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

☐ Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks

Home Phone: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_

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

Waiver: I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my 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. Acknowledgement of Ability: I am 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.) Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense in the event of injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these for publicity purposes.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Male or Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

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