



Winter 2022-2023

# Drop-In Sports

## PROGRAM INFORMATION

Come drop-in and have fun playing various sports. All skill levels are welcome! No games will be played during holidays or inclement weather for outdoor programs.

**Ages: 16 and older**  
**Cost: \$5/session**

*In case of inclement weather, please call our cancellation line at 410-632-2144 x2508.*

## 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

### Indoor Soccer - Mondays

Starting Nov. 21, 7:30 p.m. - 9:30 p.m.  
Worcester County Rec. Center  
6030 Public Landing Rd, Snow Hill MD 21863

### Volleyball - Thursdays (back to Wednesdays in February)

Starting Dec. 2, 7:30 p.m. - 9:30 p.m.  
Worcester County Rec. Center  
6030 Public Landing Rd, Snow Hill MD 21863

### Basketball - Sundays (14 & older)

Starting Dec. 4, 10:00 a.m. - 12:00 p.m.  
Worcester County Rec. Center  
6030 Public Landing Rd, Snow Hill MD 21863

### Pickleball - Mondays & Fridays

10:00 a.m. - 1:00 p.m.  
Worcester County Rec. Center  
6030 Public Landing Rd, Snow Hill MD 21863

MARYLAND'S

Coast

WORCESTER COUNTY  
Recreation & Parks



For more information contact Recreation Center at  
(410) 632-2144 or [recandparks@co.worcester.md.us](mailto:recandparks@co.worcester.md.us)

# Youth Registration Form

Please use a separate registration form for each participant under 18.

Worcester County Drop In Sports Winter 2023

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

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

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Select One:  Soccer  Volleyball  Basketball  Pickleball

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

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's 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.

Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is 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.)

Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

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

# Adult Registration Form

Please use a separate registration form for each participant.

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

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

Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Select One:  Soccer  Volleyball  Basketball  Pickleball

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: \_\_\_\_\_

### Office Use Only

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