



Fall 2022

Field Hockey League

PROGRAM INFORMATION

Tuesdays & Thursdays

September 13 - Oct. 20

Times: 5:30-6:30pm

Grades: K-8

Cost: \$35/child, \$30/add. child

Add. \$5 after deadline on 9/2

Financial aid is available to those who show a demonstrated need. Proof of eligibility is required.

Northern Worcester
Athletic Complex
9906 Buckingham Lane, Berlin MD 21811

HOW TO REGISTER

In person, mail or online at
www.PlayMarylandsCoast.org

All payments must be received prior to participation
Make checks payable to: Worcester County



Grades K-2: Clinics

Grades 3-5: Tuesday Practice & Thursday Games

Grades 6-8: Thursday Practice & Tuesday Games

All skill levels are welcome! **Mouthguards, shinguards and Field Hockey goggles are required. There is a limited supply of Field Hockey sticks if needed.**

MARYLAND'S
Coast

WORCESTER COUNTY
Recreation & Parks



For more information contact Kelly Buchanan at
(410) 632-2144 x2503 or kbuchanan@marylandscoast.org

Youth Registration Form

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

Worcester County Field Hockey League Fall 2022

Name: _____ Age: _____ Male or Female
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ School Attending: _____ Grade: _____
Circle T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL E-mail: _____
Parent/Guardian Name: _____ Home Phone: _____ Daytime/Cell: _____
Emergency Contact: _____ 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 # _____ CAF _____

*Coaches Meeting: September 8 at 6:00 p.m.
at Northern Worcester Athletic Complex.*