RECREATION & PARKS

Winter 2022

Futsal League

PROGRAM INFORMATION

Fridays
January 21 - April 8

6:30 p.m. - 9:30 p.m.

Ages: 18 and older

Cost: $475/team

(includes ref costs)

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

- This league will consist of eight weeks of games, followed by two weeks of playoffs.
- A 4 team minimum is required to form a league.

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

MARYLAND'S Coast
WORCESTER COUNTY
Recreation & Parks

You Tube

For more information contact Hunter Nelson at
(410) 632-2144 x2506 or hnelson@marylandscoast.org

Adult Registration Form
Please use a separate registration form for each participant.
Worcester County Men's Futsal League 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:** _____