Worcester County Department of Recreation & Parks

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



men's

Futsal League **Fridays**

January 11 - March 29, 2019

FUTSA

This league will consist of nine weeks of league games, followed by two weeks of playoffs. A 4 team minimum is required to form a league. A Team Captain's meeting will be held at the Recreation Center on Thursday, January 3, at 6:00 p.m.



TIME: 6:30 p.m. - 9:30 p.m. **WHERE:** Worcester County **Recreation Center OPEN TO: Ages 18 and older COST:** \$220 per team plus referee fees Registration deadline: Monday, 1/3/19 **REGISTRATION:** COMPLETE REGISTRATION FORM ON THE BACK. MAIL FORM WITH PAYMENT TO **WORCESTER COUNTY DEPARTMENT OF RECREATION & PARKS** OR STOP BY THE RECREATION CENTER. **ALL PAYMENTS MUST BE RECEIVED** PRIOR TO PARTICIPATION. **MAKE CHECKS PAYABLE TO:**

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









You Tube



WORCESTER COUNTY



WorcesterRecandParks.

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 Men's Futsal League 2019

Name:	Team Name:					
Address:						
City:			State:	Zip:		
Male or Female Age:	Date of Birth:	E-mail:				
Please check here if yo	u would like to receive email an	nouncements on future	e programs from	Worcester County Rec	reation & Parks.	
Home Phone:	[Daytime/Cell Phone:			_	
Emergency Contact Name: _			Phone:			
he undersigned, intending to be legally bound, an uployees, contractors, volunteers and successors y property, of any kind, arising in any way out o uses of action including court costs and attorney lease extends to all claims whether foreseen, unfogram. I hereby authorize medical treatment, a binsurance protecting me. If pictures are taken dissonable accommodations to all participants. If we cannot guarantee that your request will be me cancel a program or division which does not me the staff of the Worcester County Department of the participant is unt's ability to participate in the program, a refunde, if half of the program has occurred you will o	s and assigns (hereinafter called *Indemnities f my participation in this program. I agree the ''s fees directly or indirectly arising from any oreseen, known or unknown. I have full known try expense in the event of injury or illness turing the program, I authorize the use of these you have special needs, please notify the We tunless the Worcester County Department of set certain requirements. If Recreation & Parks cancels an entire programiticipant must be made prior to one week bef suspended from a program due to inapproprid will be issued only if a doctor's note is subminly be refunded half of the registration fee.	s*), from any and all liability for at I will defend, indemnify and hey a ction or other proceeding arisin whedge of the risks involved in thi during the program. I certify tha e for publicity purposes. The staff procester County Department of Re F Recreation & Parks is notified in am, the staff will gladly refund all fore the start of the program to be iate behavioral issues, no refund valided to the staff at the Recreation	injuries, death or damaged harmless each and every general and eve	tes and from any and all loss, classery one of the Indemnities against articipation in this program. This ally able and have sufficient trainers of age or older. I acknowledge partment of Recreation & Parks. 632.2144 so that we can plan accounty Department of Recreation or ments will be paid in the form on y cancellations made by a participaram. If a medical condition arise reentage of the registration fee with the second of the registration fee with the second of the registration fee.	im, or injuries to me or to st all claims, demands and is indemnity, waiver and ing for participation in the te that the county provides is committed to providing coordingly for these needs. & Parks reserves the right of a county check issued to pant after the above stated ses that prohibits a partici-	
Participant's Signature:				Date:		
	Office	e Use Only				

Receipt #_

Initials:

Cash, Chk, or CC #

Amount:

Date: