Spring 2023

Men's Softball League

PROGRAM INFORMATION

Tuesdays

Beginning April 18

6:30 p.m. - 10:30 p.m.

Ages: 18 and older

Cost: $410/team (no player fee)

Newtown Park
2001 Groton Road, Pocomoke MD 21851

Thursdays will be used as an alternate day of the week.

The coaches meeting will be held on April 3 at 6:00 p.m. at the Recreation Center or virtual (contact for Zoom link). Please plan on having one team representative attend.

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

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 Softball League Spring 2023

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:** _____

Office Use Only

Date:_____ **Amount:**_____ **Cash, Chk, or CC #**_____ **Initials:**_____ **Receipt #**_____