

Spring 2021

Outdoor Soccer

PROGRAM INFORMATION

Sundays

March 28 - June 13

Open To: Ages 3 - Grade 8

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

John Walter Smith Park

6022 Public Landing Rd, Snow Hill MD 21863

Financial aid is available to those who show a demonstrated need. Proof of eligibility is required. Add. \$5 after 3/24 deadline. A participant whose registration is received after this deadline may not have their request met for certain teams/coaches.

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



Grade Schedule & Times for WEEK 1:

Ages 3-4: 1:00-2:00 pm

Grades K-1: 2:00-3:00 pm

Grades 2-3: 3:00-4:00 pm

Grades 4-5: 4:00-5:00 pm

Grades 6-8 : 5:00-6:00 pm

Sessions may be combined and/or times are subject to change based on registration and participant numbers. All recreation programs and special events are following State and Health Department protocols that may be modified pending Covid-19 updates.



For more information contact Derek Jarmon at (410) 632-2144 x2509 or djarmon@marylandscoast.org

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County Soccer - Spring 2021

Name:						Age:Date of Birth:			
Circle One: Pocomoke Team Snow Hill Team	Berlin Team	Berlin Team Years of Soccer Experience:							
Address:	City:		State:		Zip:		Male or Female		
School Attending:							Grade:		
Circle T-Shirt Size: YXS (3-5) YS (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL	AXXL		
Parent/Guardian Name:		Daytime/Cell:			Home Phone:				
E-mail:									
Do you wish to be a volunteer coach:),	into cons	ideration, b	ut may not be	met for eve	en team distribution.)		
Emergency Contact:	Phone:								
The undersigned, intending to be legally bound for myself and on Commissioners of Worcester County, its representatives, employed or damages and from any and all loss, claim, or injuries to my chi with a coach and/or adult volunteer to away games as part of the vevery one of the Indemnities against all claims, demands and caust participation by my child in the program. This indemnity, waiver to program. My child is physically able and has sufficient training fuduring the program. I acknowledge that the County provides no in The staff of Worcester County Department of Recreation & Parks County Department of Recreation & Parks is notified in advance. Worces requirements. If the staff of the Worcester County Department of Recreation & Existence of the payer. Other cancellations on the part of the participart will be program. Other cancellations on the part of the participant will be program. Cancellations made by a participant after the above stat given for that program. If a medical condition arises that prohibits Recreation Center and a prorated percentage of the registration fee	es, contractors, volunted or to my property, of Worcester County Recress of action including crelease extends to all clor participation in this issurance protecting my is committed to provide to we can plan according ter County Department of Parks cancels an entire pant will be refundable a serion and participant's ability to non a participant's ability to	sers, and successors and a f any kind, arising in any eation & Parks Departme court costs and attorney's aims whether foreseen, uprogram. I hereby author child. If pictures are taking reasonable accommon gly for these needs. We of Recreation & Parks roprogram, the staff will reas long as it occurs before it occurs before it occurs before the program, the staff and program is to curs before the program.	way out of a ent's Youth P ent's Youth P fees directly inforeseen, k ize medical en during the dations to al earmot guara esserves the r fund all mon the program aram start da unt is suspen am, a refund	ein after called my child's par crogram. I agr or indirectly is nown or unknown or unknown treatment, at re e program, I at I participants, intee that your gight to cancel uies. All refun in start date or te or after one ded from a pro-	"Indemnities"), ticipation in this see that I will def from any action of own. I have full in yexpense, for atthorize the use of If you have spectrequest will be reapprogram or divided payments will within 2 weeks a program session ogram due to inad only if a doctor	from any and a program. My cend, indemnify or other procee knowledge of immy child in the of these photos cial needs, ples met unless the briston which do be paid in the infer the start of for a 6-week ppropriate behr's note is subm	all liability for injuries, dechild has permission to try and hold harmless each ding arising in any way fee the risks involved in this event of an injury or illustrate of the publicity purposes, use notify the Worcester Worcester County personal met certain form of a county check of a program for a 12-weel program or summer campavioral, no refund will be nitted to the staff at the		
Parent/Legal Guardian Signature:				Date:					
	Office	e Use Only							