



Spring 2022

# Outdoor Soccer

## PROGRAM INFORMATION

### Sundays

**March 27 - June 12**

**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 3/21 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](http://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.

MARYLAND'S  
*Coast*

WORCESTER COUNTY  
Recreation & Parks



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

# Youth Registration Form

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

Worcester County Soccer Spring 2022

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle One: Pocomoke Team Snow Hill Team Berlin Team GRADE: \_\_\_\_\_

**Soccer Coaches are needed.**

**If interested contact Derek Jarmon at 410-632-2144 x2509**

**or djarmon@marylandscoast.org**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male or Female

School Attending: \_\_\_\_\_

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: \_\_\_\_\_

Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks.

Do you wish to be a volunteer coach: \_\_\_\_\_ Requests: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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. Acknowledgment 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. Acknowledgment 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 or Check # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_