Worcester County Department of Recreation & Parks

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



beginners

Pickleball Clinic

Wednesday, September 25, 2019



TIME: 10:00 a.m. - 11:30 a.m.

WHERE: Worcester County

Recreation Center

OPEN TO: Ages 14 & older

COST: FREE

REGISTRATION: ► In Person

All payments must be received prior to participation. Make checks payable to: Worcester County

Free play after clinic until 1:00 p.m.

Contact Myro Small for more information at 410-632-2144 x2512 or msmall@co.worcester.md.us















www.WorcesterRecandParks.org

The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, 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.

Youth Registration Form

Please use a separate registration form for each participant under 18. Worcester County Pickleball Day Clinic Fall 2019

Name:		Home Phon	ne:	Age:	
Address:		City:	State:		
Date of Birth:	School Attending:			Grade:	
Parent/Guardian Name:		Home Phone:	Day	Daytime/Cell:	
E-mail:					
Please check here	if you would like to receive email anno	ouncements on future programs	s from Worcester Co	unty Recreation & Parks.	
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Please check here if you ome Phone: mergency Contact Name: the undersigned, intending to be legally expresentatives, employees, contractors, r injuries to me or to my property, of a gainst all claims, demands and causes or orgam. This indemnity, waiver and re ave sufficient training for participation ge or older. I acknowledge that the couperartment of Recreation & Parks is oc arks at 410.632.2144 so that we can pl dvance. Worcester County Department it he staff of the Worcester County Department is used to the payer. Other cancellations fier the above stated timeline will be notises that prohibits a participant's ability	Date of Birth:	city: City: City: City: City: City: City: City: City: Phone Phone Ives do hereby indemnify, release and dischalled *Indemnities*), from any and all liabil in this program. I agree that I will defend, in ectly or indirectly arising from any action or even, known or unknown. I have full knowle at, at my expense in the event of injury or ill are taken during the program, I authorize the of all participants. If you have special needs that your request will be met unless the We program or division which does not meet cogram, the staff will gladly refund all monie one week before the start of the program to gogram due to inappropriate behavioral issued only if a doctor's note is submitted to the	State: State: State: Cell Phone: Cell Phone: Cell Phone: Comparison of the risks involved in the comparison of the	ers of Worcester County, its ages and from any and all loss, claim, each and every one of the Indemnities any way from my participation in this its program. I am physically able and ertify that I am eighteen (18) years of poses. The staff of Worcester County County Department of Recreation & of Recreation & Parks is notified in the paid in the form of a county check by cancellations made by a participant of that program. If a medical condition	
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