

Winter 2022

Youth Soccer League indoor

PROGRAM INFORMATION

Days Vary

December 4 - Feb. 12

Ages: Age 3 - 8th grade

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

Add. \$5 after deadline on 11/29

Financial aid is available to those who show a demonstrated need. Proof of eligibility is required.

Worcester County
Recreation Center
6030 Public Landing Rd, Snow Hill MD 21863

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:

Mondays, 5:30-7:30pm (Saturdays as needed)

Grades 4-6 and Grades 6-8

Saturdays, 1:00-7:00pm

Ages 3-4, Grades K-1, Grades 2-3

Week 1 Practices:

Ages 3-4: December 4 @ 1:00 p.m. Grades K-1: December 4 @ 2:00 p.m. Grades 2-3: December 4 @ 3:00 p.m. Grades 4-5: December 6 @ 5:30 p.m. Grades 6-8: December 6 @ 6:30 p.m.

Sessions may be combined and/or times are subject to change based on registration and participant numbers.



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 Winter 2022

Name:					Age:	Date of Birth:			
Circle One:	Pocomoke Team	Snow Hill Team	Berlin Team	GRADE:					
Address:			City: _		State	:	Zip:		_Male or Female
School Atter	nding:								
Circle T-Shir	rt Size: YXS (3-5)	YS (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL	AXXL
Parent/Guardian Name: Dayti					ell: Home Phone:				
E-mail:									
	Please check here i	f you would like to	receive email an	nouncements on f	uture prog	grams from	Worcester C	County Red	creation & Parks.
Do you wish	to be a volunteer c	oach:	Request	s:					
			(All re	equests are put into	considerat	tion, but may	not be met a	after the rec	gistration deadline date.
Emergency	Contact:	Phone:							
Commissioners or damages and with a coach and every one of the participation by program. My ch during the program the staff of Wor County Department of Frequirements. If the staff of the issued to the pay programs. Othe program. Cance given for that pr Recreation Cent	from any and all loss, clair dor adult volunteer to awa Indemnities against all clamy child in the program. I will be appropriate the control of the control	epresentatives, employed m, or injuries to my chil y games as part of the V bins, demands and cause this indemnity, waiver r has sufficient training for e County provides no interest of Recreation & Parks is at 410.632.2144 so that fied in advance. Worcest timent of Recreation & P a the part of the participa of the participant will be apart after the above state it in arises that prohibits ge of the registration fee	es, contractors, volunted or to my property, of vorcester County Recress of action including of elease extends to all of participation in this surance protecting my is committed to provide we can plan according the county Department will be refundable at the refundable as long as add timeline will be non a participant's ability will be refunded. For	eers, and successors and of any kind, arising in any eation & Parks Departm court costs and attorney's aims whether foreseen, uprogram. I hereby autho child. If pictures are taking reasonable accommon gly for these needs. We to f Recreation & Parks 1 program, the staff will reas long as it occurs befor each cours before the program, the staff will refundable. If a particip to participate in the program, the staff will result to participate in the program of the progr	assigns (here: y way out of r ent's Youth P: fees directly inforeseen, ki rize medical i en during the dations to all cannot guarar reserves the ri fund all mon e the progran gram start dat ant is suspene ram, a refund rogram has o	in after called " my child's parti- rogram. I agre- or indirectly fr nown or unkno- treatment, at m e program, I aut I participants. I nate that your r ight to cancel a ies. All refund a start date or w te or after one g ded from a prog will be issued occurred, a parti-	Indemnities"), 1 cipation in this pe that I will defe om any action o wm. I have full k y expense, for m horize the use of fyou have specequest will be m program or divipayments will be intrinin 2 weeks a crogram session gram due to inaponly if a doctor cipant will only	from any and program. My end, indemnify are the process moveled of the process moveled of the process and needs, please unless the sistent which do be paid in the fiter the start of for a 6-week propriate behis note is subnite the start of the propriate behis note is subnite the refunded in the propriate behis note is subnite to the property of the	all liability for injuries, death child has permission to travel y and hold harmless each and ding arising in any way from the risks involved in this e event of an injury or illness of for publicity purposes. as a notify the Worcester Worcester County personal most meet certain form of a county check of a program for a 12-week program or summer camp avioral, no refund will be
				e Use Only					
Date:	Amount	: С	ash or Check		Initials:		Recei	pt#	CAF