Worcester County Department of Recreation & Parks

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



youth Indoor Soccer

December 7 - February 15, 2020

<u>Grades 6-8</u> Mondays 5:30-7:30 p.m. (some Saturdays)

<u>Grades 4-5</u> Thursdays 5:30-7:30 p.m.

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

Saturdays 1:00-7:00 p.m.

Financial Milisovaliable (of the second support of the second support support of the second support su



TIME: Varies

WHERE: Worcester County

Recreation Center

OPEN TO: Ages 3 - Grade 8

COST: \$35 per child \$30 for each additional child Deadline is 12/2/19

Additional \$5 after the deadline

REGISTRATION:

- > Online
- ➤ Mail In
- ➤ In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

Contact Jacob Stephens for more information at 410-632-2144 x2506 or jstephens@co.worcester.md.us









You Tube





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 Soccer Winter 2020

Circle One: Pocomoke Team Snow Hill Team Berlin Team GRADE: City: State: School Attending: State: School Attending: State: School Attending: Please Check here if you would like to receive email announcements on future program Please Check here if you would like to receive email announcements on future program Do you wish to be a volunteer coach: Requests: (All requests are put into consideration, Emergency Contact: Requests: (All requests are put into consideration, Emergency Contact: The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representation or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child and and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Prograve every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or in participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program, by India in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program, the yold in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program, the program. I acknowledge that the County provides no insurance protecting my child. If pictures are taken during the program. The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all part County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks is notified in advance.	M AL Ho s from Worcester but may not be med Phone: ves do hereby indemnifer called "Indemnities") Ild's participation in thin. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	t after the registration deadli fy, release and discharge the County from any and all liability for inju- is program. My child has permissio efend, indemnify and hold harmless or other proceeding arising in any 1 knowledge of the risks involved in
Circle T-Shirt Size: YXS (3-5) YS (6-8) YM (10-12) YL (14-16) AS A Parent/Guardian Name:	M AL Ho s from Worcester but may not be med Phone: ves do hereby indemnifer called "Indemnities") Ild's participation in thin. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	AXL AXXL Dome Phone: County Recreation & Park t after the registration deadli fy, release and discharge the County, from any and all liability for injuly is program. My child has permissio efend, indemnify and hold harmless a or other proceeding arising in any throwledge of the risks involved in
Circle T-Shirt Size: YXS (3-5) YS (6-8) YM (10-12) YL (14-16) AS AS AS Parent/Guardian Name:	Phone: res do hereby indemnifer called "Indemnities") Id's participation in this. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	Tounty Recreation & Park t after the registration deadlify, release and discharge the County, from any and all liability for injures program. My child has permission or other proceeding arising in any 1 knowledge of the risks involved in
Please check here if you would like to receive email announcements on future program. Do you wish to be a volunteer coach: Requests: (All requests are put into consideration, Emergency Contact: The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representation, commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein aft or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or in participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program. My child is physically able and has sufficient training for participation in this program. I hereby authorize medical treatment of the Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all part County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee to Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to requirements. If the staff of the Worcester County Department of Recreation & Parks are entered in advance. Worcester County Department of Recreation & Parks reserves the right to requirements.	Phone: res do hereby indemnifer called "Indemnities") Id's participation in this. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	Tounty Recreation & Park t after the registration deadlify, release and discharge the County, from any and all liability for injures program. My child has permission or other proceeding arising in any 1 knowledge of the risks involved in
Please check here if you would like to receive email announcements on future program. Do you wish to be a volunteer coach:	put may not be med Phone: res do hereby indemnifer called "Indemnities") Id's participation in this. I agree that I will de directly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	t after the registration deadling, release and discharge the County, from any and all liability for injures program. My child has permission or other proceeding arising in any 1 knowledge of the risks involved in
Please check here if you would like to receive email announcements on future program. Do you wish to be a volunteer coach:	Phone: res do hereby indemnifer called "Indemnities") Id's participation in thie. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for am, I authorize the use	t after the registration deadli fy, release and discharge the County from any and all liability for inju- is program. My child has permissio efend, indemnify and hold harmless or other proceeding arising in any 1 knowledge of the risks involved in
Emergency Contact: The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representation commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Prograevery one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or in participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program. My child is physically able and has sufficient training for participation in this program. I hereby authorize medical treatmeduring the program. I acknowledge that the County provides no insurance protecting my child. If pictures are taken during the program that of Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee to Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to requirements. If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. A issued to the payer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program star	Phone:	fy, release and discharge the County, from any and all liability for injusts program. My child has permissio efend, indemnify and hold harmless to or other proceeding arising in any 1 knowledge of the risks involved in
The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein aft or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Progra every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or in participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program. My child is physically able and has sufficient training for participation in this program. I hereby authorize medical treatm during the program. I acknowledge that the County provides no insurance protecting my child. If pictures are taken during the program to Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participation to Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee to Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to requirements. If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. A issued to the payer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program star	ves do hereby indemnif r called "Indemnities") Id's participation in this n. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for ram, I authorize the use	fy, release and discharge the County b, from any and all liability for inju- is program. My child has permission efend, indemnify and hold harmless in or other proceeding arising in any I knowledge of the risks involved in
Commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein aft or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Progra every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or in participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known program. My child is physically able and has sufficient training for participation in this program. I hereby authorize medical treatment of the program. I acknowledge that the County provides no insurance protecting my child. If pictures are taken during the program the staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all particle County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee to Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to requirements. If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. A issued to the payer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program star	r called "Indemnities") Id's participation in this. I agree that I will de irrectly from any action or unknown. I have full ent, at my expense, for ram, I authorize the use), from any and all liability for injusts program. My child has permission after indemnify and hold harmless a or other proceeding arising in any 1 knowledge of the risks involved in
program. Cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended figiven for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will Recreation Center and a prorated percentage of the registration fee will be refunded. For example, if half of the program has occur	at your request will be cancel a program or di Ill refund payments will date or within 2 weeks fter one program sessio om a program due to in the issued only if a doctor ed, a participant will on	e of these photos for publicity purpore call needs, please notify the Worce met unless the Worcester County ivision which does not meet certain. If the paid in the form of a county character the start of a program for a 11 on for a 6-week program or summer appropriate behavioral, no refund to or's note is submitted to the staff at ally be refunded half of the registration.
Parent/Legal Guardian Signature:	I	Date:
Office Use Only		
Date: Amount: Cash or Check # Initials:	Rece	eipt # CAF

Week 1 Schedule All players report to Worcester County Recreation Center

Ages 3-4 Saturday, December 7, 2019 1:00 p.m.

Grades K-1 Saturday, December 7, 2019 2:00 p.m.

Grades 2-3 Saturday, December 7, 2019 3:00 p.m.

Grades 4-5 Thursday, December 12, 2019 6:30 p.m.

Grades 6-8 Monday, December 9, 2019 6:30 p.m.

Coaches Meeting:
Thursday, December 5, 2019
at 6:00 p.m. at the Worcester
County Recreation Center.