Worcester County Department of Recreation & Parks

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









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

All payments must be recleved prior to participation.

TIME: 10:00 a.m. ~ 11:30 a.m.
WHERE: Worcester County
Recreation Center
OPENITO: Grades 1 ~ 8
COST: \$35 per person
\$30 for each additional child
REGISTRATION:

- > Online
- > In Person

All payments must be received prior to participation.

Make checks payable to: Worcester County

Registration deadline - September 5, 2019

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















www.WorcesterRecandParks.org

Youth Registration Form

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

	nty Youth Instructional Basketball Fall 20		Mala au Famala
Name:		Age:	
Address:		State:	
Date of Birth: School Attending:			
Parent/Guardian Name:	Home Phone:	Daytime	e/Cell:
E-mail:			
Please check here if you would like to receive email a	announcements on future programs	from Worcester County F	Recreation & Parks.
Emergency Contact Name: The undersigned, intending to be legally bound for myself and on behalf of my child		Phone:	
Commissioners of Worcester County and the Town of Berlin, its representatives, em injuries, death or damages and from any and all loss, claim, or injuries to my child or travel with a coach and/or adult volunteer to away games as part of the Worcester Cohold harmless each and every one of the Indemnities against all claims, demands and in any way from participation by my child in the program. This indemnity, waiver re this program. My child is physically able and has sufficient training for participation the program. I acknowledge that the County and the Town of Berlin provides no inst The staff of Worcester County Department of Recreation & Parks and the Town of E the Worcester County Department of Recreation & Parks at 410.632.2144 so that we Department of Recreation & Parks is notified in advance. Worcester County Depart certain requirements. If the staff of the Worcester County Department of Recreation paid in the form of a county check issued to the payer. Other cancellations on the part a program for a 12-week programs. Other cancellations on the part of the participan summer camp program. Cancellations made by a participant after the above stated twill be given for that program. If a medical condition arises that prohibits a participan Recreation Center and a prorated percentage of the registration fee will be refunded.	To my property, of any kind, arising in any way of county Recreation & Parks Department's and the T de dauses of action including court costs and attorn elease extends to all claims whether foreseen, unfor in this program. I hereby authorize medical treatmence protecting my child. If pictures are taken of Berlin is committed to providing reasonable according to ean plan accordingly for these needs. We cannot ment of Recreation & Parks and the Town of Berlin cancels an entire art of the participant will be refundable as long as it will be refundable as long as it occurs before the timeline will be non-refundable. If a participant is ant's ability to participate in the program, a refund. For example, if half of the program has occurred	out of my child's participation in this own of Berlin's Youth Program. I agey's fees directly or indirectly from a reseen, known or unknown. I have fit the thing the program, I authorize the undations to all participants. If you guarantee that your request will be in reserves the right to cancel a program program, the staff will refund all most occurs before the program start date or after one program start date or after one program will be issued only if a doctor's note, a participant will only be refunded	program. My child has permissignee that I will defend, indemnifying action or other proceeding at all knowledge of the risks involved he event of an injury or illness diese of these photos for publicity and or division which does not in the publicity publicity publicity and publicity and publicity publici
		Date: _	
Parent/Legal Guardian Signature:			
Offi Date: Amount: Cash,	chk, or cc# Ini Registration	tials:Rec	
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Date: Amount: Cash, Adult F Please use a separate Worcester Co Name: Address: Male or Female Age: Date of Birth: Please check here if you would like to receive email Home Phone: Daytime	City: E-mail: Chk, or CC # Ini Registration City: E-mail: Phone:	Form r each participa 2019 State: Cell Phone:	ant Zip:
Date: Amount: Cash, Adult F Please use a separate Worcester Co Name: Date of Birth: Please check here if you would like to receive email Home Phone: Daytime Emergency Contact Name: Daytime intending to be legally bound, as well as my heirs and personal representations.	City: E-mail:	Form r each participal 2019 State: cams from Worcester Co Cell Phone: the County Commissioners of Worce	ant. Zip: unty Recreation & Pa
Address: Male or Female Age: Date of Birth: Please check here if you would like to receive emain the program, a refund will be insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Town of Berlin provides no insurance protecting me. If pictures are tale eating the Parks and the Town of Berlin is committed to providing reasonable accomm is at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarance the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the estaff of the Worcester County Department of Recreation & Parks and the Town of Berlin estated timeline will be non-refundable. If a participant is suspended from a pibits a participant's ability to participate in the program, a refund will be issued only in the participant is	City: City: E-mail: Initiatives do hereby indemnify, release and discharge after called *Indemnities*), from any and all liab in this program. I agree that I will defend, indemnir indirectly arising from any action or other procor unknown. I have full knowledge of the risks in the event of injury or illness during the program. I ken during the program, I authorize the use of the modations to all participants. If you have special tee that your request will be met unless the Worce right to cancel a program or division which does reteriin cancels an entire program, the staff will glar made prior to one week before the start of the program due to inappropriate behavioral issues, not a doctor's note is submitted to the staff at the Ref	Form reach participal (2019) State: Cell Phone: Phone: the County Commissioners of Worce dility for injuries, death or damages at ify and hold harmless each and ever eeding arising in any way from my volved in this program. I am physica certify that I am eighteen (18) years see for publicity purposes. The staff needs, please notify the Worcester Coster County Department of Recreation meet certain requirements. By refund all monies. All refund pargram to be eligible for a refund. Any or refund will be given for that program to refund will be given for that program to the certain requirements.	ster County and the Town of Beand from any and all loss, claim yone of the Indemnities agains participation in this program. Tally able and have sufficient train of age or older. I acknowledge of Worcester County Department of Worcester County Department of Recreation & Parks a is notified in advangements will be paid in the form or cancellations made by a particip m. If a medical condition arises
Date: Amount: Cash, Adult F Please use a separate Worcester Co Name: Date of Birth: Please check here if you would like to receive emain the more proper and presentatives, employees, contractors, volunteers and successors and assigns (hereing ies to me or to my property, of any kind, arising in any way out of my participation in the stome or to my property, of any kind, arising in any way out of my participation in the stome or to my property, of any kind, arising in any way out of my participation in the program. I hereby authorize medical treatment, at my expense in the ounty and the Town of Berlin provides no insurance protecting me. If pictures are tall eation & Parks and the Town of Berlin provides no insurance protecting me. If pictures are tall eation & Parks and the Town of Berlin second seat 410.632.2144 so that we can plan accordingly for these needs. We cannot guarant easter County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County Department of Recreation & Parks and the Town of Berlin reserves the restaff of the Worcester County D	City: City: E-mail: atives do hereby indemnify, release and discharge after called *Indemnities*), from any and all liab in this program. I agree that I will defend, indemnitiently arising from any action or other procorunknown. I have full knowledge of the risks im the event of injury or illness during the program. I authorize the use of the modations to all participants. If you have special tee that your request will be met unless the Worce right to cancel a program or division which does reletin cancels an entire program, the staff will glace made prior to one week before the start of the proprogram due to inappropriate behavioral issues, not for the registration fee.	Form reach participal (2019) State: Cell Phone: Phone: Checounty Commissioners of Worce ility for injuries, death or damages aify and hold harmless each and evereding arising in any way from my colved in this program. I am physica certify that I am eighteen (18) years see for publicity purposes. The staff needs, please notify the Worcester County Department of Recreation to meet certain requirements. Ily refund all monies. All refund pagram to be eligible for a refund. Any or refund will be given for that program creation Center and a prorated percentage of the control of the country of the coun	ster County and the Town of Ber and from any and all loss, claim y one of the Indemnities against participation in this program. Tally able and have sufficient train of age or older. I acknowledge to of Worcester County Department County Department of Recreation on & Parks a is notified in advantagements will be paid in the form of cancellations made by a particip m. If a medical condition arises

Cash, Chk, or CC #

Initials:_

Receipt #_

Date:

Amount: