



Winter 2021

# Youth Soccer Clinics

## PROGRAM INFORMATION

**Days Vary**

**January 23 - March 18**

**Grades: K-8**

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

**Worcester County  
Recreation Center**

6030 Public Landing Rd, Snow Hill MD 21863

Financial aid is available to those who show a demonstrated need.

Proof of eligibility is required.

## 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: 12 participant max./age group

Saturday Afternoon: 1pm: K-1st grade (session #1),

2pm: K-1st grade (session #2), 3pm: 2-3rd grade (session #1),

4pm: 2-3rd grade (session #2)

Monday Evening: 5:30pm: 6-8th grade (session #1),

6:30pm: 6-8th grade (session #2)

Thursday Evening: 5:30pm: 4-5th grade (session #1),

6:30pm: 4-5th grade (session #2)

Sessions may be combined and/or times are subject to change based on registration and participant numbers. All recreation programs and special events are following State and Health Department protocols that may be modified pending Covid-19 updates.

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 Clinics Winter 2021

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

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

<input type="checkbox"/> Session #1 at 1:00 p.m. <input type="checkbox"/> Session #2 at 2:00 p.m. Saturdays - Grades K-1	<input type="checkbox"/> Session #1 at 3:00 p.m. <input type="checkbox"/> Session #2 at 4:00 p.m. Saturdays - Grades 2-3	<input type="checkbox"/> Session #1 at 5:30 p.m. <input type="checkbox"/> Session #2 at 6:30 p.m. Thursdays - Grades 4-5	<input type="checkbox"/> Session #1 at 5:30 p.m. <input type="checkbox"/> Session #2 at 6:30 p.m. Mondays - Grades 6-8
--	--	--	--

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: \_\_\_\_\_

(All requests are put into consideration, but may not be met after the registration deadline date.)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do hereby indemnify, release and discharge the County Commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities"), from any and all liability for injuries, death 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's participation in this program. My child has permission to travel with a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other proceeding arising in any way from participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. My child is physically able and has sufficient training for participation in this program. I hereby 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. If pictures are taken during the program, I authorize the use of these photos for publicity purposes. 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.

If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. All refund payments will be paid in the form of a county check issued to the payer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program start date or within 2 weeks after the start of a program for a 12-week programs. Other cancellations on the part of the participant will be refundable as long as it occurs before the program start date or after one program session for a 6-week program or summer camp program. Cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended from a program due to inappropriate behavioral, no refund will be given for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff at the Recreation Center and a prorated percentage of the registration fee will be refunded. For example, if half of the program has occurred, a participant will only be refunded half of the registration fee.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_

## Soccer Coaches are needed.

### If interested contact Derek Jarmon at

## 410-632-2144 x2509

## or [djarmon@marylandscoast.org](mailto:djarmon@marylandscoast.org)