Worcester County Department of Recreation & Parks

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



JANUARY drop=in

High School Volleyball

Fridays

January 4: January 25, 2019

Come out with your team or individually, we will have a spot for you to play!



TIME: 4:30 p.m. - 6:00 p.m.
WHERE: Worcester County
Recreation Center
OPEN TO: 9-12th grade
COST: \$3 per session

REGISTRATION: Complete registration form on the back. Mail form with payment to Worcester County Department of Recreation & Parks or stop by the Recreation Center. All payments must be received prior to participation. Make checks payable to:

Worcester County

Contact Trudy Porch for more information at 410-632-2144 x2520 or tporch@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.

Name:		Home Phone:			Age:	
Date of Birth:	School Attending:				Grade:	
Parent/Guardian Name:		Home Phone:		_ Daytime	/Cell:	
Team Name :	E-mail:	T-Shirt	size: AS	AM	AL AXI	AXL
Please check here if yo	ou would like to receive email annou	uncements on future programs fro	m Worceste	er County I	Recreation	& Parks.
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Please Address: Male or Female Age: Date Please check here if you wo Home Phone: Emergency Contact Name: The undersigned, intending to be legally bour representatives, employees, contractors, volu or injuries to me or to my property, of any king against all claims, demands and causes of act program. This indemnity, waiver and release have sufficient training for participation in the age or older. I acknowledge that the county pepartment of Recreation & Parks is commit Parks at 410.632.2144 so that we can plan act advance. Worcester County Department of Fif the staff of the Worcester County Department of of the worcester Cou	Adult Reguse a separate regist Worcester County e of Birth: E-mail: Daytime Phone:	Initials: Istration Form for each tration form for each Hs Volleyball - Winter 2019 Team Na City: Team Na City: Team Na City: Phone: Cell Phone: It is do hereby indemnify, release and discharge led 'Indemnities'), from any and all liability fithis program. I agree that I will defend, indem tity or indirectly arising from any action or other, known or unknown. I have full knowledge of at my expense in the event of injury or illness to taken during the program, I authorize the use all participants. If you have special needs, ple hat your request will be met unless the Worces program or division which does not meet certain ram, the staff will gladly refund all monies. A one week before the start of the program to be orgam due to inappropriate behavioral issues, no only if a doctor's note is submitted to the staff.	particime/Captain:state:state:state:ster County F Phone: the County Common injuries, death inity and hold have proceeding ari of the risks involuduring the progrif these for publicate notify the Weer County Depart requirements. It refund paymer illigible for a refure for refund will be general investment will be general interest or refund will be general interest or refund will be general interest or refund will be general interest.	missioners of Variables and in any was ved in this program. I certify teicity purposes, orcester Count the thing of the content will be paid and. Any cance given for that programs of the content will be paid and. Any cance given for that programs of the content will be paid and.	Worcester Coun and from any and devery one of the form my part gram. I am play that I am eighted the seation & Parks: I in the form of ellations made a program. If a mediations made a program and a progr	ty, its all loss, claim, the Indemnities icipation in this sically able and en (18) years of orcester County of Recreation & is notified in a county check by a participant dical condition
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