



RECREATION & PARKS

Spring 2025

Drop-In Sports

PROGRAM INFORMATION

Come drop-in and have fun playing various sports. All skill levels are welcome! No games will be played during holidays or inclement weather for outdoor programs.

Cost is \$5.00 per person

In case of inclement weather, please call our cancellation line at 410-632-2144x 2508 or check our Facebook!

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

Indoor Soccer - Mondays (16 & Older)

Until March 24, 7:30p.m.- 9:30p.m.

Worcester County Rec. Center

6030 Public Landing Rd, Snow Hill MD 21863

Outdoor Soccer - Mondays & Thursdays (16 & Older)

Starting March 31, 7:30p.m.- 9:30p.m.

Northern Worcester Athletic Complex

9906 Buckingham Lane, Berlin MD 21811

Basketball - Mondays (16 & Older)

February to March 24: 5:00p.m.- 7:00p.m.

March 31 - May 19th Starts new time, 6:45p.m. - 8:45p.m.

Worcester County Rec. Center

6030 Public Landing Rd, Snow Hill MD 21863

Pickleball - Mondays, Wednesday, Fridays, and Sundays*(14 & Older)

Ends April 30- 10:00a.m.- 1:00p.m.

SUNDAYS* 9:00a.m. - 12:00p.m.

Worcester County Rec. Center

6030 Public Landing Rd, Snow Hill MD 21863

Volleyball - Wednesdays (14 & Older)

Starting Feb 5, 7:30p.m.- 9:30p.m.

Worcester County Rec. Center

6030 Public Landing Rd, Snow Hill MD 21863

MARYLAND'S

Coast

WORCESTER COUNTY

Recreation & Parks

For more information contact Recreation Center at

(410) 632-2144 or recandparks@co.worcester.md.us

YouTube



SCAN ME

Youth Registration Form

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

Worcester County 2025

Name: _____ Age: _____ Male or Female

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ School Attending: _____ Grade: _____

Parent/Guardian Name: _____ Daytime/Cell: _____ E-mail: _____

Please Select One: ☐ Soccer ☐ Volleyball ☐ Basketball ☐ Pickleball ☐ Flag Football ☐ Field Hockey

Emergency Contact Name: _____ Phone: _____

I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from that participation. I recognize that participation in recreation and instructional activities, even when well supervised and managed, may pose a risk of physical injury to my child. Acknowledgement of Ability: My child is physically healthy and able to participate in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgment of Medical Treatment: I 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. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, 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 will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee..

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

Date: _____ Amount: _____ Cash, Chk, or CC # _____ Initials: _____ Receipt # _____

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County 2025

Name: _____ Age: _____ Male or Female

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Daytime Phone: _____ E-mail: _____

Please Select One: ☐ Soccer ☐ Volleyball ☐ Basketball ☐ Pickleball ☐ Flag Football ☐ Field Hockey

Emergency Contact Name: _____ Phone: _____

I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my participation in this program. I agree to indemnify the indemnities against all claims, including court costs and attorney fees arising from that participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically healthy and able to participate in this program. Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense in the event of injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. NOTICE: If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, 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 will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Participant's Signature: _____ Date: _____

Office Use Only

Date: _____ Amount: _____ Cash, Chk, or CC # _____ Initials: _____ Receipt # _____