



## RECREATION & PARKS

Summer 2025

# High School Volleyball Play Day

### PROGRAM INFORMATION

**Saturday**

**August 30**

**Times:** 8:00 AM to 6:00 PM

**Ages:** High School

**Cost:** \$100

**Deadline:** 8/1/2025

## Worcester County Recreation Center

6030 Public Landing Rd. Snow Hill, MD 21863



Prep for your high school team for their upcoming season by playing games against other local teams. 3+ game guarantee. Varsity and JV options.

### HOW TO REGISTER

In person, by mail or online at [www.playmarylandsc coast.org](http://www.playmarylandsc coast.org)

All payments must be received prior to participation.

Please make checks payable to: **Worcester County**



For more information contact **Joe Tolbert** at (410) 632-2144 x2505 or [jtolbert@co.worcester.md.us](mailto:jtolbert@co.worcester.md.us)

# Youth Registration Form

Please use a separate registration form for each participant under 18

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Circle T-Shirt Size:    YS(6-8)    YM(10-12)    YL(14-16)    AS    AM    AL    AXL    AXXL

Parent/Guardian \_\_\_\_\_ Daytime/Cell \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ 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 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.) Acknowledgement 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.

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.

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

## FOR OFFICE USE ONLY

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