



Winter 2026

Cornhole League

PROGRAM INFORMATION

Thursdays

Jan. 8 - Mar. 5

Time: 7:00 p.m. - 8:00 p.m.

Ages: 14+

Cost: \$30/person \$60/team

**Worcester County
Recreation Center**

6030 Public Landing Rd, Snow Hill MD 21863

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



Join the fun this season! Each team will play 5 games per night, with standings kept all season long to track your progress. Whether you're aiming for the top spot or just playing for fun, it's all about good games, good friends, and great competition.

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



SCAN ME

For more information contact Hunter Nelson at
(410) 632-2144 x2506 or hnelson@worcestermd.gov

Adult Registration Form

Please use a separate registration form for each participant

Name _____ Sex _____
Address _____ City _____ State _____ Zip _____
DOB _____ Age _____ Home Phone _____ Work Phone _____
Email _____
Emergency Contact _____ 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 participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically healthy and able to participate in this program. Acknowledgement of Medical Treatment: I authorize medical treatment, at my expense in the event of an 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.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date: _____ Amount: _____ Cash or Check #: _____ Initials: _____ Receipt #: _____

Name _____ Sex _____
Address _____ City _____ State _____ Zip _____
DOB _____ Age _____ Home Phone _____ Work Phone _____
Email _____
Emergency Contact _____ Phone _____

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