



Spring 2024

Coast Youth Flag Football League

PROGRAM INFORMATION

Wednesdays

April 3 - May 29

Grades 1-3: 6-7pm

Grades 4-5: 6-7pm

Grades 6-8: 7-8pm

Cost: \$40/child

Financial aid is available to those who show a demonstrated need. Proof of eligibility is required.

John Walter Smith Park
6022 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



Lace up those cleats, grab some friends and join our 5v5 Flag Football League! Whether your child is new to football or ready for the NFL draft, we welcome players of all skill levels. In addition to gameplay, participants will run through football related drills, learn route running and how to work as a team.



MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



For more information contact Kyle Jarmon at
(410) 632-2144 x2519 or kjarmon@marylandscoast.org

Youth Registration Form

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

Worcester County 2024 Flag Football League

Name: _____

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

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

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

Parent/Guardian Name: _____ Home Phone: _____ Daytime/Cell: _____

E-mail: _____

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.

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: _____

Office Use Only

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