



RECREATION & PARKS

Winter 2026

High School Indoor Field Hockey League

PROGRAM INFORMATION

Fridays

Dec. 19 to Feb. 13

Grades: 9-12

Games begin at 6:00p.m.

Cost: \$300 per team

Registration Deadline: 12/12

Practice Session: 12/19

No Session on 12/26



Get your team ready, this is a great opportunity for experienced high school players to continue playing Field Hockey throughout the winter months. Winter indoor is a fast paced game that requires an understanding of basic field hockey skills.

Players are required to bring their own mouthguard and indoor field hockey stick.

Worcester County Recreation Center

6030 Public Landing Road, Snow Hill MD 21851

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

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



SCAN ME

For more information contact Kelly Buchanan at
(410) 632-2144 x2503 or kbuchanan@worcestermd.gov

Team Registration Form

Please use a separate registration form for each participant.

Worcester County 2026

Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Male or Female Age: _____ Date of Birth: _____ E-mail: _____

☐ Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks

Home Phone: _____ Daytime/Cell Phone: _____

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: _____

Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Male or Female Age: _____ Date of Birth: _____ E-mail: _____

Home Phone: _____ Daytime/Cell Phone: _____

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 # _____