



# RECREATION & PARKS

Spring 2026

## Women's Volleyball League

### PROGRAM INFORMATION

**Thursdays**

**Beginning February 5**

7:00 p.m. - 9:00 p.m.

Ages: 14 and older

Cost: \$250/team

Register by: 1/15

Worcester County  
Recreation Center  
6030 Public Landing Rd, Snow Hill MD 21863

### HOW TO REGISTER

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

All payments must be received prior to participation  
Make checks payable to: Worcester County



The coaches meeting will be held on  
January 15 at 7:00 p.m. at the  
Recreation Center. Please plan on having  
one team representative attend.  
Drop-In Volleyball to follow the meeting.

MARYLAND'S  
*Coast*  
WORCESTER COUNTY  
Recreation & Parks



For more information contact Trudy Gebhardt at  
(410) 632-2144 x2514 or [tgehardt@worcestermd.gov](mailto:tgehardt@worcestermd.gov)

# Youth Registration Form

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

Worcester County Women's Volleyball League Spring 2026

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

Team Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: 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's fees, arising from that participation. I understand the risks involved in this program. 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. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is physically able and has sufficient training for participation 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.) Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

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

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC# \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ Email: \_\_\_\_\_

# Adult Registration Form

Please use a separate registration form for each participant.

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Name: \_\_\_\_\_ Team Name/Captain: \_\_\_\_\_

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

Male or Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: 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's fees, arising from that participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically able and have sufficient training for participation 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 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 for publicity purposes.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ Email: \_\_\_\_\_