

Worcester County Department of Recreation & Parks

6030 Public Landing Road, Snow Hill, MD 21863

Contact: Kelly Buchanan

Phone: 410-632-2144 x 103 Fax: 410-632-1585

kbuchanan@co.worcester.md.us

Checks Payable to: Worcester County

Ocean Pines Recreation & Parks

239 Ocean Parkway, Ocean Pines, MD 21811

Contact: Debbie Donahue

Phone: 410-641-7717 Fax: 410-641-8413

Checks payable to: OPA

Youth Recreation Softball 2012

League Divisions:

Pigtails: Grades 2nd - 5th

(Games Played Tues. evenings 6:00 p.m. March 13 - May 29, 2012)

Ponytails: Grades 6th - 8th

(Games Played Wed. evenings 6:00 p.m. March 14 - May 30, 2012)

League Fee:

Worcester Co. Recreation - \$20 per player/\$15 for each additional sibling

Ocean Pines Recreation - \$30 per player/\$25 for each additional sibling

*Make up games & practices will be scheduled on various week nights.

**Worcester County celebration day will be held Saturday, June 2, 2012



Ball Gloves ARE Required!!

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

**Games will be played throughout Worcester County
Registration Deadline Monday, March 5, 2012**



In order to ensure that your child is placed on a team located in your requested town, registrations and payment must be received prior to the Monday, March 5, 2012 deadline. A participant whose registration is received after this deadline may not be placed on a team located in the requested town. Coaches will contact their players to inform them of team assignments and the first scheduled practice. The first few weeks will consist of practices, games beginning in April. Players will be required to travel within Worcester County for games. Team requests will be considered, but cannot be guaranteed.

Volunteer coaches and paid umpires are needed. No experience is necessary. Information and training can be provided. If you or someone you know are interested, please contact your recreation department! Coaches meeting will be held on Thursday, March 8, 2012 at 6:00 p.m. at the Worcester County Recreation Center.

Youth Recreation Softball is offered by Worcester County Department of Recreation & Parks in conjunction with the Ocean Pines Recreation & Parks.

The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

Youth Registration Form

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

Worcester County Youth Softball 2012

Name: _____

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

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

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

Circle Pants Size: YXS YS YM YL AS AM AL AXL AXXL

Team Location (Circle One): Pocomoke Snow Hill Berlin Ocean Pines League (circle one): Pigtales or Ponytales

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

Do you wish to be a volunteer coach: _____ E-mail: _____

Requests: _____

Emergency Contact: _____ Phone: _____

The undersigned, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do hereby indemnify, release and discharge the County Commissioners of Worcester County, its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities"), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child's participation in this program. My child has permission to travel with a coach and/or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other proceeding arising in any way from participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. My child is physically able and has sufficient training for participation in this program. I hereby 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. If pictures are taken during the program, I authorize the use of these photos for publicity purposes. The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. All refund payments will be paid in the form of a county check issued to the payer. Other cancellations on the part of the participant will be refundable as long as it occurs before the program start date or within 2 weeks after the start of a program for a 12-week programs. Other cancellations on the part of the participant will be refundable as long as it occurs before the program start date or after one program session for a 6-week program or summer camp program. Cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended from a program due to inappropriate behavioral, 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 fee will be refunded. For example, if half of the program has occurred, a participant will only be refunded half of the registration fee.

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

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