

Worcester County Department of Recreation & Parks
6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585

Youth Basketball

Saturdays, January 14 - March 31, 2012

Grade Schedule & Times:

- Grade K - 1:** 1:00 - 2:00 p.m. (co-ed)
Grade 2 - 4: 2:15 - 3:15 p.m. (co-ed)
3:30 - 4:30 p.m. (co-ed)
Grade 5 - 8: 4:45 - 5:45 p.m. (co-ed)

Times subject to change based on registration numbers.

\$20 per person

\$15 each additional child

Financial Aid is available to those who show a demonstrated need. Proof of eligibility is required. All payments must be received prior to participation. Make checks payable to: Worcester County.

WHERE: Worcester County Recreation Center,
Just off Hwy 113 in Snow Hill.

REGISTRATION: Complete registration form on the back. Mail form with payment to Worcester County Department of Recreation & Parks or stop by the Recreation Center. Deadline is Wednesday, January 11, 2012. A participant whose registration is received after this deadline may not have the request met for certain teams or coaches.



Week 1: January 14, 2012

Everyone reports to the Recreation Center at the following times:

- Grades K-1:** 1:00 - 2:00 p.m.
Grades: 2-4 (SH Teams): 2:15 - 3:15 p.m.
Grades: 2-4 (Ber/Poc Teams): 3:30 - 4:30 p.m.
Grades 5-8 : 4:45 - 5:45 p.m.

Coaches Meeting: Thursday, January 12, 2012
5 p.m. at Worcester County Recreation Center

Note: All practices and games will be played at the Worcester County Recreation Center in Snow Hill.

Contact Myro Small for more information at 410.632.2144 x109 or msmall@co.worcester.md.us



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 Basketball Winter 2012

Name: _____ Circle One: Pocomoke Team Snow Hill Team Berlin Team

Address: _____ City: _____ State: _____ Zip: _____ Male or Female

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

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 # _____