

Worcester County Department of Recreation & Parks
6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410-632-2144 Fax: 410-632-1585

ADULT RECREATION BASKETBALL

**Thursdays,
July 7, 2011 - June 28, 2012**

**TIME: 7:00 - 9:00 p.m.
Winter Quarter (Jan. - Mar.) 7:30 - 9:30 p.m.**

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

OPEN TO: Ages 14 and older

**COST: \$3 per session or
\$25 for the quarter (inquire for details). Make checks payable to
Worcester County.**

**REGISTRATION: Complete registration form on the back. Mail
form with payment to Worcester County Department of
Recreation & Parks or stop by the Recreation Center.**

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 Basketball July 2011 - June 2012

Name: _____ Home Phone: _____ Age: _____

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

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

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

E-mail: _____

Emergency Contact Name: _____ 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.

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Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

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

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Basketball July 2011 - June 2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Home Phone: _____ Daytime/Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

The undersigned, intending to be legally bound, 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 (hereinafter called *Indemnities*), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to me or to my property, of any kind, arising in any way out of my participation in this 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 arising from any action or other proceeding arising in any way from my participation in this program. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. I am physically able and have sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness during the program. I certify that I am eighteen (18) years of age or older. I acknowledge that the county provides no insurance protecting me. If pictures are taken during the program, I authorize the use of these for publicity purposes.

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Participant's Signature: _____ Date: _____

Office Use Only

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