



2026 Spring Jr. Girls Softball Program Player Contract



PARTICIPANT INFORMATION- Please Print Clearly

FULL NAME: _____ School Attending: _____
 BIRTH DATE: _____ GRADE: _____ SHIRT SIZE: _____ E-MAIL: _____
 Cell Phone #: _____ Alternate Contact #: _____
 Primary Address: _____

Parent/Guardian Information

Name Parent/Guardian: _____ Cell Phone #: _____
 Home Phone #: _____ Parent/Guardian E-Mail: _____
 EMERGENCY CONTACT: _____ Phone #: _____

I am interested in helping with: Coaching Assistant Coach Team Helper Sponsorship Other _____

PROGRAM INFORMATION

New to the Age Division Current School _____
 Team Last Season _____ Team Request _____ Tee Ball / Ponytails / Pre-Minor (ONLY)
 Select League: Li'L Miss T-Ball 6U Ponytail Coach Pitch 8U Pre-Minor 10U
 Minor 12U Major I 16U **Age as of 12/31/2025**
 Redraft (Minor & Major I ONLY) Check if you want to change teams

**If your child requests to be redrafted the player MUST attend a player assessment*

Positions willing to play Pitcher Catcher 1B 2B 3B SS OF

Any players New to the Age Division or moving up in division wishing to Pitch MUST attend an assessment day to qualify during the season

PAYMENT INFORMATION

Payment Amount: \$70.00 Li'L Miss T-Ball Cash Check Credit Card(MC or Visa)
\$75.00 Ponytails, Pre-Minors Cash Check Credit Card(MC or Visa)
\$80.00 Minor and Major I Cash Check Credit Card(MC or Visa)
\$5.00 Late Fee **Registration April 4 - All Divisions**

Credit Card #: _____ Expiration: _____ 3-Digit Code _____

Signature _____

*****Please flip over to complete Medical Information Page*****

WAIVER & MEDICAL INFORMATION - PLEASE PRINT CLEARLY

MEDICAL INFORMATION Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

May the coach be informed of the above listed conditions? Yes____ No____

May the Program Director call to discuss this accommodation? Yes____ No ____

CONCUSSION WAIVER: In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

For additional information I understand that I may call 1-800-232-4636 or go to www.dcd.gov/concussioninyouthsports.

GENERAL WAIVER In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

PHOTO RELEASEI hereby grant Wicomico County, Maryland permission to use my likeness in a photograph, video or other digital reproduction in any and all of its publications, including any website entries and social media, without payment or any other consideration. I understand and agree that these materials will become the sole property of Wicomico County, Maryland and will not be returned. I hereby irrevocably authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Please check here if you would not like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

Participant's Name (printed)

Parent/Guardian Signature

Date