2026 Wicomico Wiffle Ball League Program

TEAM REGISTRATION FORM

TEAM INFORMATION- Please Print Clearly

TEAM NAME / SPONSOR _____

SPONSOR'S CONTACT PERSON _____ SPONSOR'S PHONE # _____

SPONSOR'S ADDRESS _____ CITY _____ ST _____ ZIP _____

MANAGER / COACH INFORMATION – Please Print Clearly

MANAGER /COACH NAME _____ E-MAIL _____

PHONE # _____ Secondary Contact #_____

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

Primary Address _____ CITY_____ ST_____ ZIP _____

Mailing Address **(if different)** _____ CITY_____ ST_____ ZIP _____

How did you hear about us? (Mark One that Applies)

❑Family ❑Internet ❑EMail ❑Flyer ❑Previous Customer
❑Newspaper ❑Radio ❑TV ❑Social Media ❑Other

PAYMENT INFORMATION---Pay Fee by July 29, 2026

Payment Amount: $_____ ❑ Team Entry ($140) (No player fees)

Payment Type: ❑ Cash ❑ Check ❑ Credit Card (MC or Visa) ❑ Confirmation Letter from Sponsor

Credit Card #:_____ Exp:_____ Verification Code (3 digit): _____

Signature_____

Don't forget to submit your team roster and Player Contracts by the deadline.

Minimum of a 4 player roster

Maximum of a 10 Player Roster

WICOMICO COUNTY DEPARTMENT OF RECREATION PARKS AND TOURISM

2026 TEAM ENTRY ROSTER & PARTICIPATION WAIVER

WIFFLE BALL---TEAM ENTRY ONLY TEAMS

Team Name _____ League_____

Manager_____ Phone_____ Email_____

#	Player Name	Signature	Phone	Email	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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In consideration of the execution of a similar contract by all persons participating in this program/league, by signing this document 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. Additionally, I have read, understand, and agree to the waivers listed below:

MEDICAL WAIVER I agree to share with the County any medical conditions or medications taken that would affect my involvement in this program.

CONCUSSION WAIVER In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that information has been made available to me 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.