



2025 WINTER TEAM PICKLEBALL LEAGUE

PLAYER REGISTRATION FORM



MALE PLAYER – COMPLETE INFORMATION BELOW - Please Print Clearly

DUPR OR Self-Rated Skill Level (SELECT ONE) **2.0 – 3.0** **3.5** **4.0 – 5.0**

MALE PLAYER NAME _____

MALE PLAYER CELL PHONE # _____ PLAYER'S CURRENT AGE _____

MALE PLAYER E-MAIL _____

Team Captain Interest (SELECT ONE) **Yes** **No** **Only if Needed**

FEMALE PLAYER - COMPLETE INFORMATION BELOW – Please Print Clearly

DUPR or Self-Rated Skill Level (SELECT ONE) **2.0 – 3.0** **3.5** **4.0 – 5.0**

FEMALE PLAYER NAME _____

FEMALE PLAYER CELL PHONE # _____ PLAYER'S CURRENT AGE _____

FEMALE PLAYER E-MAIL _____

Team Captain Interest (SELECT ONE) **Yes** **No** **Only if Needed**

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

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

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

PAYMENT INFORMATION--- REGISTRATION DEADLINE – DECEMBER 22, 2025

Payment Amount: \$ _____ Per Player Fee (\$40.00)

Payment Type: Credit Card Cash Check (payable to Wicomico County)

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

Medical and Waiver Information is listed on the back of this form

Signature: _____

Date: _____

**** Please see the waiver information on back of this page****

WICOMICO COUNTY DEPARTMENT OF RECREATION PARKS AND TOURISM

Medical Information

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.cdc.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.

COVID-19 SCREENING: Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. Screening upon arrival on site will be required. If you answer yes to any of these questions or have a temperature higher than 100.4 degrees Fahrenheit at any point in time you stay home and not return to activity until you have been cleared and have a medical release. If you fail to agree to screening, you are not allowed to participate or attend.

PHOTO RELEASE I 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.