



2024 Field 7 ½ Cabin Fever Breakout
Wiffle Ball Tournament
April 20-21, 2024



TEAM REGISTRATION FORM
12 Teams Maximum!

TEAM INFORMATION- Please Print Clearly

TEAM NAME _____

COACH _____

CELL PHONE # _____

Asst. Coach _____

CELL PHONE # _____

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 APRIL 15, 2024

Payment Amount: \$ _____

☐ Team Entry (\$100)

Payment Type: ☐ Cash

☐ Check (Payable to Wicomico County)

☐ Credit Card (MC or Visa)

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

Signature _____

ROSTERS MUST BE SUBMITTED TO bworkman@wicomocounty.org

Two Options to Submit your Team Entry

1. Register on line at www.wicomcorecandparks.org
2. Complete the above registration form above and bring to the Wicomico Civic Center box office between 9:00am and 6:00pm

ROSTER FORM TO BE COMPLETED ON THE BACK

2024 ROSTER & PARTICIPATION WAIVER

Field 7 ½ Cabin Fever Breakout

Rosters are due before your team's first game of the tournament

All rosters must be completed fully to be considered valid.

Once a roster has been handed in to the tournament director that roster will be considered frozen and no further changes can be made.

Team Name _____ Coach _____

Minimum Age to Participate is 16 Years old

#	Player Name	Player Signature / Guardian Signature if Under 18	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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.

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.