



Thank you for considering to register a team for our Men's Slow Pitch Softball program. Below is a guideline of what will need to be collected at our box office by the registration deadline.

To avoid the late fee, turn your paperwork in by the Registration Deadline that is listed on the registration form.

League Entry teams-----Checklist

- ☐ Team Registration Form
- ☐ League Entry Team Roster (Print Clearly)
 - Submit a list of players that can be expected to turn in a player contract.
 - Allowed a maximum of 20 players.
- ☐ Player Contract---each player must complete the player contract form and pay the player contract fee.
 - Be sure to print off or make enough copies for every player.
 - Players may turn in their contracts separately from the team registration form.
- ☐ Return Completed paperwork to the Wicomico Youth and Civic Center Box Office
 - Team Registration Form and entry fee.
 - League Entry Roster
 - Any player contracts and fees that you have on hand.
- ☐ If paying by check please make **one check** payable to: [Wicomico County Rec and Parks](#)

Thank you again for considering our Men's Slow Pitch Program. If you have any questions regarding this program, please feel free to contact me at 410-548-4900 ext. 105. I will be glad to assist you.

Sincerely,

Brian E Workman
Athletic Complex Manager
Program Director
Wicomico County Recreation, Parks and Tourism
500 Glen Ave
Salisbury MD 21804
410-548-4900 ext. 105
bworkman@wicomicocounty.org

2023 LEAGUE TEAM ROSTER
LEAGUE ENTRY ONLY TEAMS

Separate Player Contract Needed for each Player

Team Name _____ **League** _____

Manager _____ **Phone** _____ **Email** _____

#	Player Name	DOB
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		



2023 Men's Slow Pitch Fall Softball 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 _____

CELL PHONE: _____ HOME PHONE _____

☐ 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 _____

DIVISION REQUEST AND SCHEDULING REQUESTS*

(These are only Requests and are granted at the discretion of the league administrator)

☐ Division 1 ☐ Division 2 ☐ Division 3 ☐ Scheduling Requests (limited to a maximum of two)

1. _____

2. _____

*Scheduling requests must be received before the registration deadline and every effort will be made to meet all requests whenever possible. Any requests submitted after the deadline may not be considered.

PAYMENT INFORMATION

Payment Amount: \$ _____ ☐ Team Entry (\$910) ☐ Late Fee (\$50) (No player fees)

☐ League Fee (\$450) ☐ Late Fee (\$25) (Player fees required)

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

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

Signature _____

Registration Deadline: Monday, August 7, 2023

All Team Rosters MUST be submitted by the registration deadline



2023 Men's Slow Pitch Fall Softball Program



PLAYER CONTRACT

PARTICIPANT INFORMATION- Please Print Clearly

FULL NAME _____ E-MAIL: _____

BIRTH DATE _____ Phone #: _____ Shirt Size: _____

Primary Address _____ CITY _____ ST _____ ZIP _____

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EMERGENCY CONTACT _____ PHONE # _____

PROGRAM INFORMATION

Team Name _____ Manager's Name _____

PAYMENT INFORMATION---**PAY BY August 7, 2023 TO AVOID THE LATE FEES**

Payment Amount: \$ _____ ☐ Team Entry (No Fee) ☐ Player Fee (\$43/\$5 Late Fee) ☐ Cash ☐ Check ☐ Credit Card

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

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 Program Director call to discuss this accommodation? Yes _____ No _____ May the coach be informed of the above listed conditions? Yes _____ No _____

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 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.

Parent/Guardian Signature (if participant is under 18): _____

Participants Signature (if over 18) _____

_____ Date