

# CHESSTOURNAMENT

## Wicomico County Department of Recreation, Parks and Tourism AGREEMENT OF PARTICIPATION AND CONTRACT

### PARTICIPANT INFORMATION

FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PHONE # \_\_\_\_\_ (Primary)

ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please check here if you would like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

PARENT/GUARDIAN NAME (if under 18) \_\_\_\_\_ PHONE# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

Have you participate in Recreation and Parks programs in the past 2 years?  Yes  No

### PROGRAM INFORMATION

Program Name: \_\_\_\_\_ 2012 CHESSTOURNAMENT \_\_\_\_\_

- Select Division:
- I (11 & Under, Elementary school) \$7.00 (\$12 at the door)
  - II (12 -14, Middle school) \$7.00 (\$12 at the door)
  - III (15-18, High school) \$7.00 (\$12 at the door)
  - IV (Adult Rated) Rating \_\_\_\_\_ \$12.00 (\$17 at the door)
  - V (Adult Unrated ) \$12.00 (\$17 at the door)

#### Additional Tournament Notes

Each player is guaranteed 3 games.

Adult matches will begin promptly at 8:30AM, 10:30AM, 1:00PM, 3:00PM

Tie Breakers will be played for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place only and if needs be.

Adult Tie Breakers will be a 10 minute clock (per side).

### PAYMENT INFORMATION

Payment Amount: \$ \_\_\_\_\_  \$5.00 Late fee(s)?  Cash  Check

Payment Notes: \_\_\_\_\_

**VOLUNTEER OPPORTUNTIES**

Are you interested in volunteering with Recreation, Parks and Tourism programs or events? Please check all of your interests.

- Youth Soccer Coach
- Youth Softball Coach
- Youth Basketball Coach
- Youth Field Hockey
- Youth Volleyball
- Good Beer Festival
- Hersey Track Meet (Youth)
- Youth Special Events (Fishing Derby, Eggstravganza, Pet Fair)
- Autumn Wine Festival

**MARKETING & OUTREACH**

How did you hear about this program? (Please check all that apply)

- Previously Participated
- Word of Mouth
- Flyer/Brochure
- Banner
- Website
- Social Media (Facebook, Twitter, Blog)
- Newspaper/Magazine Ad
- Email Announcement/ E-Newsletter
- Other \_\_\_\_\_

Are there any additional sports, activities, or programs in which you would like to participate? Please list below.

\_\_\_\_\_

**MEDICAL INFORMATION and WAIVERS**

**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 \_\_\_

**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.

Participant's Name \_\_\_\_\_ Signature (If 18 or over) \_\_\_\_\_

Parent/Guardian Signature (If participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

**WICOMICO COUNTY RECREATION, PARKS & TOURISM**  
 500 Glen Avenue, Salisbury, MD 21804 | 410-548-4900



Our Online Family

wicomicoandparks.org | wicomicotourism.org | wicomicoiviccenter.org



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