



2020 Jr Girls Fall Softball Program (12u – 18u)

PLAYER CONTRACT – Team Entry



PARTICIPANT INFORMATION

FULL NAME: _____ SHIRT SIZE: _____ AGE: _____
 BIRTH DATE: _____ GRADE: _____ SCHOOL ATTENDING: _____
 PARENT/GUARDIAN NAME: _____
 PHONE #: _____ E-MAIL(required): _____
 ADDRESS: _____

PROGRAM INFORMATION

TEAM NAME: _____
 COACH'S NAME: _____
 Select your League: 12 & Under (*Minor League*) 14 & Under (*Major I*) 18 & Under (*Major II*)

PAYMENT INFORMATION

Payment Amount: Team Entry (Player Fee \$0.00)

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 ___

CONCUSSION WAIVER In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information 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.

Photograph Waiver: Wicomico County, Maryland may photograph or record your child during programs and activities. You understand and agree that these materials become the sole property of Wicomico County, Maryland. You hereby irrevocably authorize Wicomico County, Maryland to use your child's likeness in photographs, video images, or other digital reproductions (collectively the "likenesses") for educational, informational, public relations, or other lawful purposes, including but not limited to within its publications, website, social media and print content, and further authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute the likenesses. In addition, you irrevocably waive your right to inspect or approve the finished product, including written or electronic copies, wherein your child's likeness appears. On behalf of the child named below, you waive the right to royalties, other compensation, or other considerations arising from or related to the use of the likenesses. You hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, damages, demands, and causes of action which you, your child, or either of your heirs, representatives, executors, administrators or other persons acting on your behalf or on behalf of your estate, have or may have by reason of such likenesses.

By signing below, I represent that I am the lawful parent or guardian of the child named below, have authority to execute this agreement on the child's behalf, and I understand and agree to the terms and conditions outlined in the paragraphs above.

Participant's Name

Parent Signature

Date

(Code of conduct on reverse-MUST BE SIGNED)

YOUTH PLAYER CODE OF CONDUCT

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Youth Player's Code of Conduct.

Parents: Please read and explain this to your youth athlete if they are too young to do so themselves.

- ✦ I will encourage good sportsmanship from my teammates, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.
- ✦ I will attend every practice and game that s reasonably possible and will notify my coach if I cannot.
- ✦ I will do my best to listen and learn from my coaches.
- ✦ I will treat my coaches, other players, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- ✦ I will help my coach is setting up the field and gathering equipment.
- ✦ I will help in cleaning the bench are after a game or practice and will make sure no trash is left behind.
- ✦ I will always try to do my best!
- ✦ I deserve to have fun during my sports experience and will alert my parents or coach if it stops being FUN!
- ✦ I deserve to play in an alcohol, tobacco, and drug free environment and expect adults to respect that wish.
- ✦ I will encourage my parents to be involved with my team n some capacity because it's important to me.
- ✦ I will remember that sports are an opportunity to learn and have fun.

Child's Name

PARENT CODE OF CONDUCT

I hereby pledge to provide support, care, and encouragement for my child participating in youth recreational sports by following this Parent's Code of Conduct

- ✦ I will demonstrate positive support and encourage good sportsmanship to all players, officials, and coaches at every game and practice.
- ✦ I will place the physical and emotional well-being of all participants ahead of a personal desire to win.
- ✦ I will support a recreational sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- ✦ I will recognize that my child's coach is a volunteer, trained in responsibilities of being a youth sports coach and deserves my support.
- ✦ I will support coaches and officials working with my child by ensuring my child plays by the rules, and is a team player, encouraging a positive and enjoyable experience for all.
- ✦ I will remember that the games are for the children - and not the adults.
- ✦ I will do my very best to make youth sports fun for my child.
- ✦ I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- ✦ I will see to it that my child treats other players, coaches, fans and officials with respect regardless of race, sex, national origin, or ability.

Print Name

Parent/Guardian Signature

Date

PARENTS: Your signature above verifies that you and your youth athlete have read and understand the Code of Conduct for the Wicomico County Fall Softball League. Failure to follow the above Code of Conduct could result in disml from the program. Wicomico County Recreation & Parks Department and the Wicomico County Softball Federation endorse a zero tolerance towards unsportsmanlike behavior exhibited during the program.