2019 WYBL Skills Academy

PLAYER CONTRACT

PARTICIPANT INFORMATION- Please Print Clearly

Full Name: _____ Gender: _____ Age: _____

Birth Date: _____ School: _____

Parent/Guardian Name: _____ Email: _____

Phone #: _____ Alternate #: _____

Primary Address: _____

PROGRAM INFORMATION- Select your Division based on your child's grade.

Select Division: ❑ **Div. I (Grades K-1)**
Wed. Evenings, April 10-May 29 6-7pm

❑ **Div. III (Grades 4-5)**
Thur. Evenings, April 11-May 30 6-7:30pm

❑ **Div. II (Grades 2-3)**
Wed. Evenings, April 10-May 29 6-7:15pm

❑ **Div. IV (Grades 6-8)**
Thur. Evenings, April 11-May 30 6-7:30pm

PAYMENT INFORMATION

Payment Amount: $45.00 ❑ **Division I-IV**

❑ Cash ❑ Check ❑ Credit Card(MC or Visa)

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

Signature_____

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 coach be informed of the above listed conditions? Yes___ No___ May the Program Director call to discuss this accommodation? 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.

_____ _____
Parent/Guardian Signature Date