

# County Commissioners of Kent County, MD \* Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 \* info@KentParksAndRec.org  
KentParksAndRec.org \* Facebook.com/KentCountyCommunityCenter

## Youth Sports Registration

(Basketball, Hoop Jam, Jr. Wrestling, Track and Field)

Cost: Youth Basketball, Jr. Wrestling, & Track and Field - \$50 \* Co-Ed Rookies Basketball - \$40 \* Hoop Jam - \$30 \*

**Registration \*Open September 1 - October 20**

**\$10 Late Fee after Registration Deadline - NO EXCEPTIONS**

**NO REGISTRATION ACCEPTED AFTER NOVEMBER 1<sup>st</sup> - NO EXCEPTIONS**

<b><u>Girls &amp; Boys Youth Basketball:</u></b>	Days vary beginning week of November 4 (please reference schedule below)
Ages: 9-13	
<b><u>Co Ed Rookies Basketball:</u></b>	Days vary beginning week of November 11 (please reference schedule below)
Ages 7-8	
<b><u>Hoop Jam:</u></b>	Tuesday & Thursday beginning November 5 - January 16 from
Ages: 5-6	5:45 pm - 6:30 pm at Kent County Community Center
<b><u>Jr. Wrestling:</u></b>	Tuesday & Thursday beginning November 5 from 5 pm - 7 pm at Kent County
Grades 1-8	Community Center & Wednesday 5 pm - 7 pm at Kent County High School
<b><u>*Track and Field:</u></b>	Please see reverse side for program information
Grades 2-8	*Registration opens April 1 each year

### **Applying for a Scholarship?**

Maximum scholarship award for non-childcare programs is half off of the registration. Scholarship awards are from September 1 - August 31 each year, unless a program in which your child is enrolled ends after August (in this case the scholarship will expire at the end of the program). A new scholarship application and new supporting documentation are required each award year.

**One scholarship application** per family is required **per year** for all children eligible to participate in Kent County Parks and Recreation programs who live in the household.

If applying for a scholarship, half of the registration fee is due at the time of registration, along with the Scholarship Application and **ALL** required supporting documentation.

**Notice:** Program registration fees are not accepted at school sites. All payments must be made by mail, in person at the Kent County Community Center, or online at KentParksAndRec.org - click on the "Register Online Go!" banner, create an account if you do not already have one (never registered online for a Kent County Parks and Recreation Program before), then follow the easy steps to register for a program.

### **Youth Basketball/Co-Ed Rookies League Group Practice Schedules (First Two Weeks)**

**\* Practice Days/Times/Location subject to change once teams are formed\***

**\*ALL Programs CLOSED November 13<sup>th</sup>\***

<b>Kent County M.S.</b>	<b>H.H. Garnett E.S.</b>	<b>Rock Hall E.S.</b>	<b>Galena E.S.</b>
<b><u>M/W 9-13 Girls @ 5:30 pm</u></b> Nov. 4, 6, 11 Mon/Wed	<b><u>Co-Ed Rookies @ 6:30 pm</u></b> Nov. 12, 14 Tues/Thurs	<b><u>Co-Ed Rookies @ 5:30 pm</u></b> Nov. 12, 14 Tues/Thurs	<b><u>Co-Ed Rookies @ 5:30 pm</u></b> Nov. 12, 14 Tues/Thurs
<b><u>9-11 Boys @ 5:30 pm</u></b> Nov. 5, 7, 12, 14 Tues/Thurs	Please Note: Once Co-Ed Rookies teams are formed; team practices may be held on either Monday/Wednesday or Tuesday/Thursday evenings.	<b><u>9-13 Girls @ 5:30 pm</u></b> Nov. 4, 6, 11 Mon/Wed	<b><u>9-13 Girls @ 6:30 pm</u></b> Nov. 5, 7, 12, 14 Tues/Thurs
<b><u>12-13 Boys @ 6:30 pm</u></b> Nov. 5, 7, 12, 14 Tues/Thurs		<b><u>9-11 Boys @ 6:30 pm</u></b> Nov. 4, 6, 11 Mon/Wed	<b><u>9-11 Boys @ 5:30 pm</u></b> Nov. 4, 6, 11 Mon/Wed
		<b><u>12-13 Boys @ 6:30 pm</u></b> Nov. 5, 7, 12, 14 Tues/Thurs	<b><u>12-13 Boys @ 6:30 pm</u></b> Nov. 4, 6, 11 Mon/Wed



# Youth Track & Field

**Registration Opens April 1st!**

### *About the Program:*

The program is designed to educate boys and girls on the fundamentals of Track & Field by teaching sportsmanship, teamwork, leadership and fair play. It will offer athletes the opportunity to develop skills to compete in meets and be a part of a program that encourages and promotes the developing of friendships, support and encouragement of fellow athletes, and above all GOOD SPORTSMANSHIP.

### *About the Coach:*

Coach Dennis Herrmann coached the Cross Country, Indoor Track, and Outdoor Track teams for both boys and girls at Kent County High School for 42 years (1973 to 2015). In that time he coached 23 individual Maryland State Champions, along with over 100 Bayside Conference and Regional Champions, 7 Bayside Conference Cross Country Championship teams, and 8 District and Region Championship teams in Track and Field. Since retiring, Coach Herrmann works as a certified USATF official, doing both college and high school meets in Maryland, Virginia, Delaware, and Ohio. He works at Haven Harbour Marina in Rock Hall, and is an active member of Trinity Lutheran Church in Chestertown.

**Ages: Grades 2 - 8**

**Days: Monday & Wednesday**

**Time: 5:30 pm - 7 pm**

**Dates: May 4th - June 17th**  
**No Practice May 6th & May 25th**

**Place: KCHS Trojan Stadium**

**Cost: \$50 per athlete (\$60 if registered after May 5th)**

**\*\* No Registration Accepted After May 8th \*\***



## REGISTRATION

Registration can be made online. Visit [KentParksAndRec.org](http://KentParksAndRec.org) and click on the "Online Registration Go!" banner and follow the easy steps to register for a program. You must create an online account if you don't already have one (never registered online for a KCPR program before). You may also register in person at the Community Center (no forms) or mail the registration packet with payment.

## TRACK & FIELD EVENTS

Sprints: 100m, 200m & 400m

Distance: 800m & 1600m

Field: Long Jump

Relay: 400m and 800m

**Please call 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org) for more information.**

11041 Worton Road \* P.O. Box 67 \* Worton, MD 21678 \* 410-778-1948 \* [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org)  
[KentParksAndRec.org](http://KentParksAndRec.org) \* [Facebook.com/KentCountyCommunityCenter](https://www.facebook.com/KentCountyCommunityCenter)

**County Commissioners of Kent County, MD \* Department of Parks & Recreation**

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KentParksAndRec.org \* Facebook.com/KentCountyCommunityCenter

**Youth Sports Registration**

**(Hoop Jam, Co-Ed Rookies, Basketball Jr. Wrestling, Track and Field)**

*Please note that this may be the initial registration form, and depending on the program, additional forms may be required.  
Your spot will be held pending the completion of the additional forms (if applicable).*

**Registration Policies:**

1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	_____
Time Received: _____	_____
Staff Initials: _____	_____

***If mailing registration, please form with payment to Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678***

Participant First & Last Name / Nick Name (if any): \_\_\_\_\_ / \_\_\_\_\_

M/F:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
*(Very important to be able to contact you with updates - please print clearly)*

Parent/Guardian Full Name (if applicable): \_\_\_\_\_

Parent/Guardian Full Name (if applicable): \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical/Health Information**

Does the participant have any allergies? (If yes, please list) \_\_\_\_\_

Does the participant take any medications? (If yes, please list) \_\_\_\_\_

Does the participant have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)? \_\_\_\_\_

Does the participant have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)? \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ **Make Check or Money Order payable to County Commissioners of Kent County, MD**

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

**Emergency Contacts \* Must be provided to reach during program hours if needed.**

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing County Commissioners of Kent County, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Conf Date: \_\_\_\_\_

Scholarship: \_\_\_\_\_ Date Entered in ActiveNet: \_\_\_\_\_ Initials of Staff: \_\_\_\_\_

Date Withdrawal Form Received: \_\_\_\_\_ Refund Date (if applicable): \_\_\_\_\_ Office Manager Initials: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_ Date Refund Submitted to Finance Department: \_\_\_\_\_

If any part of the Registration Fee is retained by the Department, please explain: \_\_\_\_\_

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# County Commissioners of Kent County, MD

## Department of Parks & Recreation

### Health History Form

\*This form is required. Please type or print clearly\*  
 REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: \_\_\_\_\_

#### This Question Applies to Kiddie, Day, and Youth In Action Participants Only

#### IMMUNIZATION INFORMATION

For campers who reside within the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides \_\_\_\_\_
2. Is this child exempt from any immunizations?  No  
 Yes, List them: \_\_\_\_\_

For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. Country in which child resides \_\_\_\_\_
2. Attach Department form DHMH-896 (record of vaccination or immunity)

Child's Physician: \_\_\_\_\_  
Name Phone

**Has participant experienced any of the following?**

Type	Yes	No	Type	Yes	No	Type	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Behavioral Problems			If yes, explain:					
Currently taking Medicine			If yes, explain:					
Additional medical information or special conditions staff should know:								

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

**\*\*If applicable, Emergency Contacts must also be listed separately on the Pickup Authorization Form if also authorized to pick up your child\*\***

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for treatment: I hereby give permission to certified/licensed medical personnel to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to secure and administer treatment, including hospitalization, for my child as named above.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**\*IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

**County Commissioners of Kent County, MD \* Department of Parks & Recreation  
Academic Requirement and Expectations Acknowledgement**

**Participant**

As a participant in Kent County youth sports, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and my coach to uphold myself to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in Kent County youth sports until such time that I am reinstated in school. I will work in full cooperation with Kent County Parks & Recreation in this matter.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Parent/ Guardian**

As a parent/guardian of a youth sports participant, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and the team coach to uphold my child/participant to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in Kent County youth sports until such time that my child/participant is reinstated in school and I will inform both the head coach and the league administration of such suspensions. I will work in full cooperation with Kent County Parks & Recreation in this matter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Youth Basketball/Co-Ed Rookies Basketball Location**  
(Circle one)

Kent County M.S.

H.H. Garnett E.S.

Rock Hall E.S.

Galena E.S.

**Shirt/Tank Style Shirt Size: Please Specify Youth or Adult**  
(Circle One)

YOUTH: Small (6-8)

Medium (10-12)

Large (14-16)

ADULT: Small

Medium

Large

XL

\* Other (Size \_\_\_\_\_)

\* Additional cost may apply

**Jr. Wrestling/Track and Field Level of Experience**  
(Circle one)

Beginner (0-1 years)

Novice (1-2 years)

Experienced (2-3 years)

Advanced (4+ years)

**County Commissioners of Kent County, MD \* Department of Parks & Recreation  
Youth Sports Waiver, Release of Liability and Uniform Policy**

**Please Read BEFORE Signing**

In consideration of being allowed to participate in any way in Kent County Parks & recreation youth sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, and assume full responsibility for my participation; AND
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my/my child's presence or participation, I will remove myself/my child from participation and bring the hazard to the attention of the nearest official immediately; AND
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE COUNTY COMMISSIONERS OF KENT COUNTY, their officers, officials, directors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASE"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WITH THE EXCEPTION OF IT ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

**For Participants of Minority Age**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**Photo Consent**

My signature also reflects my permission for my child to be photographed or videotaped for the purposes of advertising and archives for Kent County Parks & Recreation.

**Uniform/Jersey Return/Replacement Policy**

**Basketball** - The basketball jersey for league play is part of the registration cost and yours to keep after the season has concluded. However, if for any reason your jersey is lost, stolen, ordered wrong size or damaged beyond repair during the playing season a replacement fee of \$15.00 will be charged to replace the jersey. A Kent County Parks and Recreation issued jersey must be worn in order to be eligible to play in any league game or contest.

**Wrestling** - The wrestling singlet uniform is the property of the Kent County Parks and Recreation Department. Uniforms will be issued at the start of the season and collected at the end of the season. Participants are responsible for the care and cleaning of the uniform. Failure to return your uniform at the end of the season or if the uniform is damaged in any way, will result in you being charged the full replacement cost of \$95.00.

**Track and Field** - The track and field jersey is the property of the Kent County Parks and Recreation Department. Jerseys will be issued at the start of the season and collected at the end of the season. Participants are responsible for the care and cleaning of the uniform. Failure to return your jersey at the end of the season or if the jersey is damaged in any way, will result in you being charged the full replacement cost of \$20.00.

\_\_\_\_\_  
Participant's First and Last Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Failure to comply with these standards may result in disciplinary actions by the following organizations:

# County Commissioners of Kent County, MD

## Department of Parks & Recreation

### Youth Sports Code of Conduct

*As a Player, I understand that I must follow these rules to stay in good standing:*

1. Respect the game, play fairly and follow rules and regulations
2. Show respect for authority to the officials of the game and of the league
3. Demonstrate good sportsmanship before, during and after the game
4. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
5. Be courteous to opposing teams and treat all players and coaches with respect
6. Be modest when successful and gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol and abusive language

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As a Parent/Guardian, I recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:*

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials, at practices and other sporting events
2. Place the well-being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials
5. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As a Coach, I recognize that coaches are role models for their team members & all participants involved in the activity, and that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:*

1. Place the emotional and physical well-being of my players ahead of a personal desire or external pressure to win
2. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
3. Lead by example by demonstrating fair play and sportsmanship to all involved
4. Provide a sports environment for my team that is free of drugs, tobacco, alcohol and abusive language and refrain from their use at all sporting events
5. Respect the game and league officials
6. Be knowledgeable of the league rules and regulations, and teach these rules to all players on my team
7. Encourage my team members to play by the league rules and respect the rights of other players, coaches, fans and officials
8. Be responsible for my own behavior and for the behavior of my team members, their parents and fans

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- City of Annapolis
- Anne Arundel County
- Arlington County
- City of Baltimore
- Baltimore County
- City of Bowie
- Calvert County
- Charles County
- City of Frederick
- City of Gaithersburg
- City of Greenbelt
- Harford County
- Howard County
- Kent County
- Maryland National Capital Park & Planning Commission
- Montgomery County
- Ocean City
- Queen Anne's County
- City of Rockville
- St. Mary's County
- City of Takoma Park
- Talbot County
- U.S. Lacrosse
- City of Westminster
- Worcester County