



SOMERSET COUNTY  
DEPARTMENT OF RECREATION AND PARKS  
30290 Sam Barnes Rd. Westover, MD 21871  
410.651.4980 Office 411.651.4981 Fax

**TEAM REGISTRATION FORM**  
**(Circle all that apply)**

Season: Indoor/Outdoor Winter Spring Summer Fall  
Sport: Field Hockey Soccer Flag Football Volleyball  
Other: \_\_\_\_\_  
Division: Boys Girls Men's Women's Adult Co-ed  
Level: Advanced Intermediate/Recreational High School

Team Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Mobile \_\_\_\_\_

(If applicable)

Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Mobile \_\_\_\_\_

**Coaches Pledge**

I hereby pledge to be respectful to the Officials and Staff and play by the rules. I acknowledge that my failure to abide by this Coaches Conduct Pledge will result in my removal as a coach from Somerset County Recreation and Parks Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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By signing below, I hereby relieve Somerset County, Department of Recreation and Parks, its staff and instructors from any responsibility for any bodily injuries, etc., that may incur by myself as a result of participation in this program and/or activity.

	Print Name:	*Signature:	Phone:	DOB	Email:
1.					
2.					
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22.					

\*Parent or guardian signature required if under the age of 18