

PELHAM PARKS AND RECREATION is offering an extended 2nd winter  
**Boys and Girls Lacrosse Skills Clinic**  
January 4 through February 15, 2015

Participant Release Form

Participant Name \_\_\_\_\_ DOB (required) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email address: \_\_\_\_\_ Age \_\_\_\_\_ Circle: M F

Father's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

This is an instructional program involving a high level of physical activity for boys and girls lacrosse lessons. The program will take place in Pelham elementary school gym. Parents are expected to arrange for transportation to and from the program at the times specified. It is open to ages 7 and up. Girls are 5-6 pm; boys 6-7 pm.

This program poses a variety of risks to the children participating as a result of contact with the ball, puck, sticks, other players, the ground and by the strenuous level of activity. These risks include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death.

Because of the inherent risks and extensive physical activity involved in this game, we advise that all children participating be in good physical condition. Any limitations regarding their physical capabilities should be made known to the Pelham Parks and Recreation Department.

Boys need helmet, gloves and stick; girls need goggles and stick. Other optional items are mouth guards, protective cups and supporters. No prior knowledge or skills are required in order to take part in this program. Equipment to play must be provided by the player.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, which will be in good working condition. I assume all of the risks normally incidental to the nature of this activity, including risks, which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/coaches/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., its employees, agents, representatives, coaches, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

You have my permission to have a physician attend to my son/daughter, if it is deemed necessary, during his/her participation in the above activity. I give my permission for any videotaping or other photographs taken in which my child/ren may appear and understand that Pelham Parks and Recreation may remove any child from the program as it deems necessary concerning the zero tolerance policy of appropriate behavior.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2014. \_\_\_\_\_  
Parent/guardian signature

In case of emergency and the parents/guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Town/City/State \_\_\_\_\_ Telephone \_\_\_\_\_

FOR OFFICE USE: \_\_\_\_\_ amount paid Check # \_\_\_\_\_ or circle MC / VISA