

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

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Pelham Outlaws 2025 SPRING LACROSSE

Practices start indoors in March 2025. Games outdoors in late March/ April 2025

Participant Release Form: Cost \$135.00, player/ \$85.00 8U, player (payable to Town of Pelham)

Check one: _____ Boys Outlaws _____ Girls Outlaws

Check one: _____ New Player _____ Returning If returning, uniform number _____

Participant Name: _____ DOB: _____ Grade: _____

Address: _____ Home phone: _____

Email address: _____ Check one: 8U 10U 12U 14U

Father's Name: _____ Cell phone: _____

Mother's Name: _____ Cell phone: _____

This is a competitive travel program involving a high level of physical activity. Parents are expected to arrange for transportation to and from the program at the times specified. This program is designed to allow boys to participate in the sport of lacrosse; practices start in early March 2025 at Tyngsboro Sports Center; the younger divisions may practice indoors at Pelham elementary school. Outdoor practices begin late March early April at Muldoon Park (depending on field conditions). **Open to boys from grades 1-8.** Participants **must** purchase their own equipment (stick, helmet, shoulder and elbow pads, goggles, and cup). Students in high school are not eligible. See the website for more details.

This program poses a variety of risks to the children participating because of contact with the ball, sticks, other players, by 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 Pelham Parks and the Recreation Department. No prior knowledge or skills are required to take part in this program. Players are responsible for their own equipment. Contact the office with any questions on equipment.

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 inappropriate behavior.

Executed this _____ day of _____, 20_____. _____

Parent/guardian signature

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

Name: _____ Relation: _____

Town/City/State: _____ Telephone: _____