## **PELHAM PARKS AND RECREATION**

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721 Email: Recreation@pelhamweb.com Fax: 603-508-3094

## YOUTH BASKETBALL 2023-2024

Participant Release Form

Participant Name:	ipant Name: Age (as of 09-30-23)			
*Note: Deadline for sign up is November 3, 2023 DOB (required):			Circle:	M - F
Address:	_Town:	S	tate:	Zip:
Parent names:	Home phone	number:		
Mother's cell phone:	_ Father's cell լ	ohone:		
Email address:				
This is a recreation level youth basketball program consisting of of begin in November 2023 (Evaluations for ages 9 & up only on team placent Saturdays at PMS and PES. Practices are on weeknights at the PES and practices or games for children.  Basketball poses a variety of risks to the children participating becallevel of activity. These risks include but are not limited to bumps, bruises, or Because of the inherent risks and extensive physical activity involved in the physical condition. Any limitations regarding their physical capabilities should participants must wear comfortable clothing and nonskid sneake program. Other optional items are knee pads, mouth guards, elbow pads and to take part in this program. Please list any physical or other condition, minformation which may be necessary and helpful to insure participants' health.	nents Saturday, d PMS. Parents use of contact wi uts, abrasions, b e game of baske be made known ers during partic d protective cups edications the p	November 18, 2023, as are expected to arradith the ball, other playe roken bones, concussionable, we advise that a to the Parks and Recresipation in the Pelham and supporters. No p	at PMS). Gainge for trances, the ground one, heart all children pertion Departments and rior knowled	ames will take place on asportation to and from and and by the strenuous attacks and even death. carticipating be in good rtment. I Recreation basketball ge or skills are required
I have read and understand the information provided above. I have noted his/her participation. He/she meets the standards required for participation condition. Uniforms are provided for team identification. I assume all the risk not specifically foreseeable. I will follow the rules and regulations provided by I, the undersigned, hereby agree to release, indemnify, save and employees, agents, representatives, coaches or volunteers from any and all liproperty damage or personal injury resulting from failure to obey safety regula judgment by the leader in good faith response to emergencies and exigencies herein shall excuse any of the leaders to act with reasonable care for the sacircumstance.  You have my permission to have a physician attend to my son/dat activity. I give my permission for any videotaping or other photographs taken understand that Pelham Parks and Recreation may remove any child from the	and will have to a normally incided the activity leaded hold harmless to ability, actions, co actions and direct which occur durafety of the particular ughter, if it is de- in which my chil	the necessary equipmental to the nature of the ers/coaches/supervisor he Town of Pelham, the auses of actions, debts ions of the activity leading the activity; provide cipant during the coursemed necessary, during d/ren may appear and	ent, which was activity, in some parks and control of the control	will be in good working neluding risks which are and Recreation Dept., its demands of any kind for ing from the exercise of the thick that nothing contained stivity appropriate to the articipation in the above wed on our website and
Executed this day of, 20	·	Parent/guardiar	o o i an o turo	
In case of emergency and the parents/guardians cannot be reached, please co	ontact:	Falelivgualdiai	i Signature	
Name:	Relation:			
Town/City/State:		Cellphone:		
Check, if applicable: I am willing to coach my child's team:YES I would like	e to assist only:	YES		
NO requests for coaches ages 9 and up; no requests for practice or gar player or a coach. No guarantees ma			may reque	est to be with another
Requests:				