

# PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

Email: [recreation@pelhamweb.com](mailto:recreation@pelhamweb.com)

Fax: 603-508-3094

## Li'l Dribblers Basketball 2024

### Skills and Drills

**Cost: \$55/child**

**Open to boys/girls, ages 4, 5 and 6**

#### Participant Release Form

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Circle: M / F  
(Must be at least 4 by Jan 1, 2024)

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell or Work Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell or Work Telephone: \_\_\_\_\_

This is a recreation level beginner basketball program consisting of skills and drills involving a high level of physical activity. The program will take place on Saturdays at the Pelham Elementary School Gym beginning January 6, 2024, until February 10, 2024. Parents are expected to arrange for transportation to and from games for children. There will be no make-up dates. T-shirts are included. Gym sneakers are required.

Basketball poses a variety of risks to the children participating because of contact with the ball, 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 basketball, 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.

Participants must always wear comfortable clothing during participation in the Pelham Parks and Recreation basketball program. It is highly recommended that all participants wear comfortable clothing to allow for high activity such as shorts or sweatpants. No prior knowledge or skills are required to take part in this program.

***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. Net vests are provided for team identification where needed. I assume all 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.

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, and 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

**Parents are expected to stay throughout each clinic. See [www.pelhamweb.com/recreation](http://www.pelhamweb.com/recreation) for cancellation or changes.**

**I would like to coach or assist; please check one: Coach [ ] Assist [ ] Name: \_\_\_\_\_**