

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

Email: Recreation@pelhamweb.com

Fax: 603-508-3094

YOUTH WRESTLING PROGRAM!

For boys and girls, grades K – Grade 5

Participant Name: _____ Current Grade: _____ Circle M / F

REQUIRED DOB: _____ Age: _____

Full Address: _____ Parent Email: _____

Mother's Name: _____ Cell phone: _____

Father's Name: _____ Cell phone: _____

This is a recreation level program consisting of games involving a high level of physical activity. The practices will take place Monday/Wednesday/Thursday at Pelham Memorial school cafe starting November 15, 2023, from 6:00p-7:30p and run through late March '24 (with a tournament during the season). Parents are expected to arrange for transportation to and from the activity. Head coach is Joshua Glynn.

This activity may pose a variety of risks to the children participating as a result of contact with the equipment, 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. Due to the inherent risks and extensive physical activity involved in this program, we advise that all children participating be in good physical condition. Any limitations regarding physical capabilities should be made known to the Parks and Recreation Department.

Participants should wear comfortable clothing, gym sneakers; water bottle is suggested for participation in the Wrestling program. No prior knowledge or skills are required in order 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. 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 or 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: _____

Make checks payable to Town of Pelham – Cost is \$95.00