

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

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GIRLS 2024 SPRING SOFTBALL

Clinic begins Sundays in March & practices start in April; Games begin in May

Participant Release Form: Cost \$120.00 for 10U 12U & 14U; \$90 for 6U & 8U

Participant Name: _____ DOB: _____ Age: _____

Address: _____ Email address: _____

Father's Name: _____ Cell phone: _____

Mother's Name: _____ Cell phone: _____

Check one: 6U___ 8U___ 10U___ 12U___ 14U___ (determined by age as of 9/01/23)

T-SHIRT SIZE (Check one)				
Child	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	

This is a recreational softball program involving a high level of physical activity for a girl's league. Parents are expected to arrange for transportation to and from the program at the times specified. This program is designed to allow girls to participate in the sport of softball; practices start in April (weather permitting) with games in May at Muldoon Park. No experience necessary. Players must bring their own glove. Uniform shirts supplied along with other equipment needed. Program fee includes 5 clinics at PHS and/or PES gyms 9 am to 1pm on Sundays **starting March 17, 2024** (skipping Easter Sunday).

This program poses a variety of risks to the children participating because of contact with the ball, bat, 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 Recreation Department. 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. 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/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.

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: _____