

## 2024 Winter Coed High School Basketball Program

### Grade 9th–12th (Division X)

**\*Separate registration forms for ages 3-K & 1st–8th grades**

Derry Parks & Recreation Department

31 West Broadway, Derry—603-432-6136—[www.derrynh.myrec.com](http://www.derrynh.myrec.com)

The high school basketball program is a co-ed recreational program where individuals in grades 9th–12th can participate in a weekly scheduled pick up game. This program is best suitable for individuals who have experience playing basketball, are a team player, and have a positive attitude. Beginning in January, the program will occur on Saturday's only at a designated school gymnasium in Derry. Teams are picked randomly before the first game. Participants team shirt will be labeled and provided at the first game. The program is 90 minutes and utilizes a "player coach" format and is supervised by a basketball commissioner and referees.

Registration will be as follows:

Derry Residents: September 6th– November 3rd or until FULL- \$50.00

Non-residents: September 18th– November 3rd or until FULL- \$65.00

*Additional sibling/ family member fee- \$15.00 per household*

#### **Important:**

\*Please carefully select your child's shirt size as sizes cannot be changed once registration has closed.

\*Participation is not permitted for anyone on a travel/ school/ competitive team. The department must be notified by December 5th or all fees will be forfeited.

\*The recreation office is unable to accept incomplete registrations. All incomplete registration forms will be returned within one business day.

\*Payment is due at the time of registration.

\*No more than four requests may be accommodated per team/ player. Requests will be accommodated based on the date and time of registration. No requests are ever guaranteed even in situations of transportation and participant requests, please plan accordingly.

Providing incorrect registration information, changing teams, and/ or falsifying rosters prior to or during the season is prohibited. Please see policies on the athlete code of conduct, spectator code of conduct, refunds, etc.

\*This is not an instructional program. Participants should have some experience playing basketball and a good understanding of the NHIAA basketball rules.

\*Parents/ guardians/ guests are welcome to watch the games however they are not to interfere with the program in any way and are expected to follow the spectator code of conduct.

Registrations can be mailed to the office, brought into the office during our regular hours, Monday–Friday, 9am–4pm, dropped in our secure drop box located at the West Broadway entrance, or completed online at [www.derrynh.myrec.com](http://www.derrynh.myrec.com).

Please call the office at 603-432-6136 or email, [derryrecreation@derrynh.org](mailto:derryrecreation@derrynh.org) with any questions.

***THIS IS NOT A DERRY COOPERATIVE SCHOOL DISTRICT PROGRAM/ EVENT***

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31 West Broadway, Derry—603-432-6136—www.derrynh.myrec.com

Please complete this form carefully as changes cannot be made to this form  
after November 3rd, 2023

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent (s)/ Guardian (s) Names: \_\_\_\_\_

Parent (s)/ Guardian (s) D.O.B.: \_\_\_\_\_

\*In an effort to keep your child's information private, game and contact information will only be provided to those listed above\*

Special needs, limitations, or circumstances: \_\_\_\_\_

Please select your child's shirt size below:

Adult Small	Adult Medium	Adult Large	Adult XL
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#### LEGAL STATEMENT AND GENERAL RELEASE AND INDEMNIFICATION WAIVER TO PARTICIPATE

I, the legal consenting adult/ guardian of minor/ participant do hereby provide my acknowledgment and consent to voluntarily participating in the Derry Parks & Recreation Dept. program, event, and/ or activity. On behalf of the participant, I also agree to forever release the Town of Derry, all of their employees, agents, officials, board members, volunteers, and any individuals or organizations assisting or participating in programs of the Parks & Recreation Dept. from any and all claims, rights of actions and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to death of the participant or property damage resulting from my (our) participation in the Town of Derry's voluntary programs in the Parks & Recreation Department.

I give permission and consent to allow photographs to be taken during program session activities and events. I further give permission and consent that any such photographs may be published (in print or media) and used by the Town of Derry and its agents, to illustrate and promote the program experience.

#### EMERGENCY RELEASE WAIVER AND ACKNOWLEDGMENT

I, the legal consenting adult/ guardian of minor/ participant, provide consent to take part in all activities related to the Town of Derry Parks & Recreation Department. I, do hereby authorize the program directors and or instructors as agents for the consent to contact medical services in the case of an emergency. In giving such permission, I acknowledge and affirm the risks, releases, and indemnification obligations as outlined above with respect to personal injury, damage to personal property, or death resulting from the use of materials and equipment.

#### ADDITIONAL NOTICE OF WAIVER

Participation in this sport/ activity may involve risk of injury. As a parent/ guardian/ participant, I am aware of these hazards and the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against the Town of Derry, Derry School District, its officers, employees, agents, volunteers, supervisors, from all losses, injury, damage, fees, and other expenses, arising out of or in connection with participation in this sport/ activity. The above names cannot be responsible for any aggravation or injury caused as a result of pre-existing physical disabilities; including but not limited to allergies. The Parks & Recreation Department will be notified of any such special needs or sensitivities in writing prior to enrollment in this such program.

Parent/ Guardian Signature

Date

Recreation Employees Only:

Employee Initials: \_\_\_\_\_ Cash/ Charge/ Check Check #: \_\_\_\_\_ Amount: \_\_\_\_\_