

## 2024 Winter PeeWee Basketball Program

Ages 3-4 & 5-K

**\*Separate registration forms for grades 1-8 & high school**

Derry Parks & Recreation Department

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

The winter basketball program is a fun, instructional program introducing the fundamentals of the sport in a non-competitive atmosphere. Games are held on Saturdays beginning in January and running through March at various schools in the town of Derry.

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 the registration period has closed.

\*Please have your child's birth certificate at time of registration for any player under the age of 6.

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

\*A parent or guardian is required to stay at the designated practice/ game for the duration of the program.

Registrations can be mailed to the office, brought into the office during our regular hours, Monday–Friday, 9am–4pm, or dropped in our secure drop box located at the West Broadway entrance.

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***

# 2024 Winter PeeWee Basketball Program

## Ages 3-4 & 5-K

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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: \_\_\_\_\_ 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:

Youth X-Small	Youth Small	Youth Medium	Youth Large
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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: \_\_\_\_\_ Birth Cert. \_\_\_\_\_