

**Town of Pittsfield Recreation Department
Fall Sports 2020 Registration Form**

SIGN UP for FALL Rec Sports by Tuesday September 22nd

- DROP OFF in Drop Box completed form and payment (located outside the Pittsfield Town Office)
- MAIL completed forms with payment to Pittsfield Town Office, 112 Somerset Avenue, Pittsfield, ME
- BRING completed form and payment to the Pittsfield Town Office Monday -Friday 8:00a.m.- 5:00p.m. (excluding Wednesdays and Holidays)

**MSAD #53 District Students ONLY:
Reg Fees per child \$20.00 Pittsfield and \$25.00 Burnham & Detroit**

Cash or Check (checks payable to Town of Pittsfield). Please note the Town does not provide refunds.

Soccer K-2nd: _____
Soccer 3rd-4th: _____
Soccer 5th-6th: _____
Soccer 7th-8th: _____
Field Hockey 1st-8th: _____

Cheering 2nd-8th: _____
Flag Football K-2nd: _____
Football 3rd-4th: _____
Football 5th-6th: _____

Registration Forms due by 9/22/20

COACHES WANTED (adults only)!! Indicate below if interested in assisting our programs:

Adult Name: _____ Phone: _____ Email: _____
Sport: _____

COMPLETE THE FOLLOWING INFORMATION:

CHILD'S NAME: _____ GRADE: _____ DOB _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME/CELL PHONE: _____ EMERGENCY TELEPHONE: _____

EMAIL: _____

CHILD'S T-SHIRT SIZE: (example-youth or adult, xs-xl, etc) _____

IN CASE OF EMERGENCY CONTACT: _____ RELATIONSHIP: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Please continue on back

Participant Insurance Information:
(Insurance information is required for participation in our programs)

Child's Name: _____

Insurance Company: _____

Policy Number: _____

Parents/Guardians please read and sign:

I hereby give _____ permission to participate in the programs noted above provided by the Town of Pittsfield. Because of the possible dangers of participating in this sport, I recognize the importance of following rules and instructions of coaches and instructors. I understand that failure of my child to obey and follow all instructions, rules and directions of the coaches and staff may result in his/her suspension from the program. In consideration of the Town of Pittsfield permitting my child to participate in this sport, I hereby assume all risk associated with such participation. I agree to report all injuries to the Town of Pittsfield within 24 hours of their occurrence.

Signature _____

Date _____

Pittsfield Town Office Staff Only:

Payment: Cash _____ Check # _____

Insurance Info: Yes _____ No _____

Waiver Signed: Yes _____ No _____

Volunteer Form (if applicable): _____

**Pittsfield Recreation Program
(for Pittsfield, Burnham & Detroit)
2020
Parental Release Form**

Child's Name _____
Last First Middle

Birth Date _____

**Parent Name
Or
Guardian** _____
Last First Middle

Address:

Town State Zip Code Email

Emergency Contact:

Name Relationship Phone Number

I, the parent or legal guardian of the above-named child, in consideration of that child being allowed to participate in recreational programming, do hereby acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to allow my minor child to engage in all summer recreation activities which he/she has signed up for at the Pittsfield Recreation Department.
2. That I have been fully informed that some recreational activities may be dangerous to my minor child and other participants and which could cause property damage, bodily injury or death. Such dangers, hazards, and risks may include: Abrasions, strains, sprains, muscle aches, dislocation, or fractures. I agree to report all injuries to the Town of Pittsfield within 24 hours of their occurrence.
3. I accept and assume all responsibility and all risk for all harm and injury of every nature, including death, and including exposure to the COVID-19 virus, which may occur to my minor child or which he/she may suffer or cause to others, and for all bodily injuries, damages or loss to any personal property suffered by him/her, or damaged or caused by him/her, while participating in any program or event of the Pittsfield Recreation Department.

4. I understand and accept that failure to comply with the Pittsfield Recreation Department's safety policies and procedures may result in suspension and/or termination of my minor child's access privileges.

5. I hereby approve of the unremunerated use of any photos or the likeness of the applicant/child for the Pittsfield Recreation Department's advertising and promotional use.

6. I understand that I and my child must comply with any applicable orders, guidelines, directives, or policies and limitations related to the COVID-19 virus, including but not limited to any such orders, guidelines, directives, or policies and limitations restricting my access to any programs, venues, and events which are implemented and published by the Pittsfield Recreation Department. Please be advised that there will be a requirement for temperatures to be taken for all children participating in the Pittsfield Recreation programming. Currently and until further notice, all spectators of sports games or events must comply with all applicable orders, guidelines, guidances, directives, or policies and limitations related to the COVID-19 virus.

7. I, on behalf of myself and the above-named child, and on behalf of my heirs, assigns, executors and personal representatives, HEREBY RELEASE AND HOLD HARMLESS, the Town of Pittsfield and its officers, officials, agents, and/or employees, with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the Town of Pittsfield or otherwise, to the fullest extent permitted by law. I further agree to INDEMNIFY AND HOLD HARMLESS the Town from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever, arising out of my child's participation in Pittsfield Recreation programming. I further certify that I have read this parental release form, that I fully understand its terms, that I understand that I have given up substantial rights by signing it, and that I sign freely and voluntarily without any inducement.

Parent or Legal Guardian's Signature _____

Date: _____