

Swanzey Recreation Department is hosting a 6-Week Spring Kickball League

Kickball registration will be open till Friday, April 16th
League runs from May 4th – June 12th
Open to Kindergarten- 6th grade

Cost
\$30 for residents
\$35 for non-resident

Make checks payable to Town of Swanzey - Recreation Department

Volunteer coaches are needed in all levels

Players must wear cleats or sneakers and need to bring a water bottle with them to every game and practice.

Practices and games will be played at the soccer fields at Cutler Elementary School. Parking for this field is at Brown Memorial Field. Practices and games will be scheduled for Monday, Wednesday evenings and Saturday mornings. Schedules will be released once registration closes.

This program will focus on giving all children the experience of playing kickball; learn the basic kickball and baseball skills and most of all to have fun.

Return all completed forms with your check to the Town Hall or by mail, 620 Old Homestead Highway Swanzey NH or in the drop box in front of Town Hall by **Friday, April 16th, 2021.**

Email Ashlee Crosby, Recreation Director with any questions,
recreation@swanzeynh.gov.

REGISTRATION FORM

PARTICIPANT'S FULL NAME

DATE OF BIRTH

AGE

GRADE

GENDER

ADDRESS

TOWN

STATE

ZIP CODE

T-SHIRT SIZE: _____ RECEIVES FREE/REDUCED LUNCH: _____ YES _____ NO

PARENT/LEGAL GUARDIAN'S NAME

HOME PHONE

WORK PHONE

CELL PHONES

E-MAIL ADDRESS

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

I am willing to volunteer and coach a team: _____

PARTICIPATION RELEASE

NAME OF PARTICIPANT: _____

My son/daughter has permission to participate in the Town of Swanzev Recreation Department/ Summer Camp Program.

I hereby release, waive, discharge and covenants not to sue the Town of Swanzev, its officials, employees, agents and representatives from all liability for myself and my child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in sports or activities authorized come with certain risks which are hereby assumed. I relinquish any right which I or my child might otherwise have for payment of medical costs or other losses beyond what insurance I may have.

I hereby authorize the director, staff and volunteers of the Town of Swanzev/Swanzev Lake Day Camp Program to act for me according to their best judgment in an emergency requiring medical attention.

PRINTED NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

EMERGENCY MEDICAL TREATMENT FORM

This form is to be used only after REASONABLE effort is made to contact the parent or legal guardian and ONLY in case of an emergency.

The undersigned parent/legal guardian of the minor child hereby has given permission for his or her child/ward to receive basic first aid treatment. The undersigned parent/legal guardian of the minor child further grants permission for his or her child/ward to receive emergency medical transportation and treatment if he or she cannot be reached immediately.

PARTICIPANT'S FULL NAME

PARENT/LEGAL GUARDIAN PRINTED NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PHYSICIAN'S NAME & PHONE#

PHOTO RELEASE

I agree to grant to the Town of Swanzey and its authorized representatives' permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Town of Swanzey Recreation, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

PARTICIPANT'S FULL NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Town of Swanzey created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the Recreation Department of Swanzey cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the Swanzey Recreation Summer Camp/Recreation Activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Summer Camp/Recreation Activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the Swanzey Summer Camp/Recreation Activities. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Town of Swanzey, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Swanzey Recreation Department, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Summer Camp/Recreational program.

PARTICIPANT'S FULL NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE