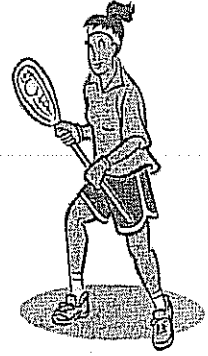


PELHAM RECREATION DEPARTMENT
20 FIFTH AVENUE 738-0153/FAX 712-0586/HOTLINE 738-6644
WWW.PELHAMRECREATION.COM
SUMMER GIRLS LACROSSE CLINIC 2011
AUGUST 8-12, 2011—9AM-NOON



- ELIGIBILITY:** All Pelham Girls ages 7-14
- DATE/TIMES:** August 8-12, 2011—9AM-Noon
- FEE:** \$125 week / \$30 day - Checks or money orders payable to: Pelham Recreation
*NO REFUNDS
- LOCATION:** Richie Bell Field (Glover Field Complex)
- EQUIPMENT:** Lacrosse Stick, Rubber Cleats, Mouthpiece, Goggles
- COACH:** Vera Hertwig
- PROGRAM:** This program is to teach the fundamentals and skills needed to play lacrosse—stick handling, ground balls, throwing and catching. Confidence is developed in players and emphasis is on learning basic lacrosse skills both individually and as a team. There will also be games and scrimmages.

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NAME _____ GRADE _____ AGE _____
ADDRESS _____ PHONE# _____
CELL# _____ E-MAIL _____

Parent/Guardian Signature

If, due to a disability, you need an accommodation or assistance to participate in Pelham Recreation programs, please contact (voice) 914-738-0153 or (TDD relay) 1-800-662-1220.

OFFICE USE: RECEIPT # _____ CHECK# _____ HOLD HARMLESS _____ ENTERED _____

Please sign Code of Sportsmanship and Hold Harmless Agreements on back of flyer

PELHAM RECREATION DEPARTMENT

PELHAM RECREATION DEPARTMENT CODE OF SPORTSMANSHIP AGREEMENT

One of the goals of the Pelham Recreation Department is to provide the youth of Pelham with a safe, fair and fun environment where they can compete in a range of athletic activities.

In order to achieve this goal, it is essential that there is total cooperation among the athletes, coaches and parents in demonstrating GOOD SPORTSMANSHIP at all times.

Under no circumstances should any spectator or outsider interfere with any of the children, coaches or officials. Any disruption of a game makes it virtually impossible to organize and instruct the children, and thus, will not be tolerated.

The spectator or outsider and child will be asked to leave the field or playing area.

So that every child benefits from a successful program, every parent of a child participating in a Pelham Recreation Department sponsored event is asked to sign this Code of Sportsmanship Agreement.

Child's Name _____ Parent(s) / Guardian Signature _____

HOLD HARMLESS AGREEMENT

Important: This agreement contains a waiver of rights by the people signing it. Please READ IT CAREFULLY. If you have any questions or reservations about it whatsoever, please do not sign it.

This AGREEMENT entered into this ____ day of _____, 20____ by and between THE PELHAM RECREATION COMMISSION ("The Commission") and _____ (the "Participant"), or _____ and _____ (the "Parent(s) of the Participant" if he or she is under the age of 18 years.)

WITNESSETH: In consideration of the Participant being allowed by the Commission to participate in all Pelham Recreation programs to use the fields and facilities of the Town of Pelham and the Pelham Union Free School District in consideration of the covenants and representations herein made, the Participant or the Parent(s) of the Participant do hereby agree as follows:

1. The Participant or the Parent(s) of the Participant as the case may be, do hereby release and discharge and agree to hold harmless the Town of Pelham and its Town Council, The Pelham Recreation Commission, The Pelham Union Free School District and its Board of Education, and their members, officers, directors, employees and agents (including persons serving as volunteers) (Hereafter collectively referred to as "the Sponsor") individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with the Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.
2. The Participant or the Parent(s) of the Participant specifically acknowledge the potential of risk and injury involved in participation in the Program and do hereby assume said risk and authorize the Commission or its representative to obtain emergency medical treatment for the Participant should the same be necessary during the course of the Program and should the Commission or its representative be unable to make immediate contact with the Parent(s) of the Participant. The Participant or the Parent(s) shall be responsible for the costs of said emergency treatment.
3. It is understood and agreed that the Town of Pelham, the Pelham Recreation Commission, and the Pelham Union Free School District shall not be required to maintain medical or hospitalization insurance coverage with respect to the program and those who participate in it.

(Participant) _____ Parent(s) Signature _____

Pelham Rec. Dept. _____