



DEERFIELD RECREATIONAL BASKETBALL

Name: _____ DOB: _____ AGE: _____

Address: _____ Grade: _____ M _____ F _____

Telephone: _____

Parents/Guardians Name: _____ e-mail: _____

SHIRT SIZE: Grades 1-9 YS YM YL AS AM AL AXL

MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield Recreational Department have inherent risks associated with participation. The Deerfield Recreational Department and/or Town of Deerfield DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS. Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

Consent to Medical Treatment:

As a parent or legal guardian of the above named participant, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield to give, disclose and release to any emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

Parents / Guardian Signature: _____

Medical Conditions / Allergies: Yes: ___ or No: ____ Please describe in detail any medical conditions or allergies about which the Deerfield Recreational Department or any potential medical care provider should be aware:

[This is a two-sided form. Please read and complete both sides of this form.]

The program reserves the right to determine its capabilities of serving each child, and the responsibility to deny admission or terminate enrollment for any child whose behavior may be determined as disruptive or harmful to the program.

OVER

DAY YOUR CHILD IS NOT AVAILABLE FOR PRACTICE _____

Practices will be held at DES & Eaglebrook School. Eaglebrook requires everyone to be vaccinated. Which facility would you prefer?

Either one is fine ___ **DES** ___ **Eaglebrook** ___

Cost: Grades 1 & 2: \$35.00 Grades 3-9: \$60.00

School choice add \$25.00

Late fee \$10.00 after November 9th grades 3-6

Make check payable to the Town of Deerfield– Thank you

REQUEST FOR VOLUNTEERS:

Coach _____ Assist Coach _____ Referee _____

REC USE ONLY

Cash _____ Check # _____ Amount _____

CONSENT AND RELEASE FORM

I, _____, the undersigned parent or guardian of _____

_____, a minor, do hereby consent to my child's participation in voluntary athletic or recreational programs of the Town of Deerfield.

I agree and covenant to forever RELEASE, acquit, discharge and hold harmless the Town of Deerfield, the Recreational Committee, and any and all of its employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic or recreational programs of the Town of Deerfield (hereinafter collectively the "Town of Deerfield") from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past or which may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the Town of Deerfield voluntary athletic or recreational programs.

I hereby forever, RELEASE, indemnify, defend and hold harmless the Town of Deerfield against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Deerfield voluntary athletic or recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Deerfield's athletic or recreational programs with full knowledge that the Town of Deerfield will not be liable to anyone for personal injuries or property damage my child or I may suffer in the voluntary participation of the Town of Deerfield athletic or recreational programs.

Signed: _____

Parent or Guardian of: _____
(Please print clearly)

Date: _____



**Town of Deerfield
Selectboard
Board of Health
Deerfield Recreation Committee**

Deerfield Municipal Offices
8 Conway Street
South Deerfield, MA 01373
Ph: 413-665-1400
Fax: 413-665-1411

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, including the Town of Deerfield, and federal and state health agencies and the Deerfield Board of Health recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Town of Deerfield (the "Town") by and through the Selectboard, Board of Health and the Recreation Committee (the "Committee") have put in place preventative measures to reduce the spread of COVID-19; however, the Town and the Committee **cannot guarantee** that participants in Town-Sponsored or Committee-Sponsored activities or events ("Events") not become infected with COVID-19. Further, **participating in Events could increase participants' risk** of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in Events 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 the Events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Town employees, volunteers, program participants and their families.

After carefully considering the risks involved, and in consideration of the services provided by the Town and the Committee, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in Events ("Claims"). On my behalf, and heirs, assigns and devisees, I hereby release, covenant not to sue, discharge, and hold harmless the Town and the Committee, 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 the Town and Committee, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Event.

By signing this agreement, I further agree to comply with all restrictions which may be imposed to ensure proper social distancing, including the limitation on participation.

Signature of Participant

Print Name (Participant)

Date

Signature of Guardian (if applicable)

Print Name (Guardian)

Date