



**PELHAM RECREATION DEPARTMENT**  
**20 FIFTH AVENUE – 738-0153 / FAX 712-0586**  
**www.pelhamrecreation.com**

**WOMEN’S VOLLEYBALL**  
**OCTOBER – APRIL 2018**

- ELIGIBILITY:** Pelham women ages 17 & up
- LOCATION:** Siwanoy Gym
- TIME:** 7:00 – 8:30PM
- DATES:** Tuesday’s: October 2017 thru April 2018
- FEE:** FREE

**WOMEN’S VOLLEYBALL REGISTRATION FORM**  
**OCTOBER 2017 – APRIL 2018**

**Please return to Recreation Office prior to the start of class**

**NAME** \_\_\_\_\_ **PHONE#** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

***\*\*EVERONE MUST SIGN CODE OF CONDUCT & HOLD HARMLESS ON BACK***

**If Registered as past resident whose parents are still residing in Pelham:**

**Parents Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

**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 Public 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 Public 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 Public 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. \_\_\_\_\_