

# Town of Mattapoisett

Recreation Department

P.O. Box 435

Mattapoisett, MA 02739

Recreation Director: Gretchen MacDonald 508-758-4100\* / email: [ddgmac@aol.com](mailto:ddgmac@aol.com)

\*IF CALLING PLEASE SELECT *SELECTMAN'S OFFICE* (EXT 4) TO LEAVE A MESSAGE

## 1<sup>st</sup> & 2nd Grade Registration Basketball

Name: \_\_\_\_\_ M F Grade: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Parent(s)/guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any medical condition(s) of which the coach should be aware? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Cost: \$55.00**

PAID: Cash \_\_\_\_\_ or Check # \_\_\_\_\_

**Checks made payable to: *Town of Mattapoisett***

***No child will be excluded due to financial difficulty, please contact me if you need assistance***

The Mattapoisett Recreation Committee approved a **ZERO TOLERANCE POLICY** to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and/or verbally abusive parents, spectators, coaches or players. Anyone whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the committee will be subject to the following: At the discretion of the Recreation Director, Committee member or Game Official, the offender(s) will be asked to leave the building or immediate playing area. Depending on the severity of the incident, further action may be required.

Read and Accepted

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the Parent or Guardian of \_\_\_\_\_, I consent to his/her participation in the program listed above provided by the Town of Mattapoisett Recreation Committee. As such, I agree to hold harmless the Town of Mattapoisett, the Recreation Committee, the Director, officials and coaches against any responsibility, claim, liability or any other claim of damage arising from any injury incurred during any activity connected with this program. I am aware that my personal health insurance has primary coverage for all injuries.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_