

# **NH SPARTANS REGISTRATION FORM**

## **LEAGUES**

SPRING AAU     SUMMER LEAGUE     FALL AAU     WINTER LEAGUE     SEACOAST     DERRY

## **CAMPS**

SPORTS BARN CAMP DATE: \_\_\_\_\_ DAY(S) \_\_\_\_\_     DERRY CAMP DATE: \_\_\_\_\_ DAY(S) \_\_\_\_\_

**LITTLE SPARTANS DATE:** \_\_\_\_\_

Players Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  I REQUIRE A NEW LEAGUE UNIFORM\*

Grade \_\_\_\_\_ School \_\_\_\_\_ League Uniform Jersey Size \_\_\_\_\_ League Uniform Short Size \_\_\_\_\_

Parents Names \_\_\_\_\_ Emails \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

House Phone \_\_\_\_\_ Cell Phone (s) \_\_\_\_\_

Any medical conditions of the child: \_\_\_\_\_

**\* If you do not require a new uniform please provide previous number \_\_\_\_\_**

**\*For new Jersey please provide your 3 favorite numbers here: \_\_\_\_\_**

### **Spartans- AAU Guidelines Only:**

By signing up for the Spartans AAU season and signing this waiver form it shows that you fully understand and support the rules and guidelines listed. During the AAU season it is not equal playing time for the players. Every player will get in the game at least one time each half. Players need to participate in practice sessions in order to be eligible to play in games/tournaments. We will offer family discounts If you have more than one child in the program. A minimum \$100.00 deposit will be due two weeks before the first practice or your child could be waived from the team. There will not offer any refunds for any reason after the date of the first practice.

## **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of the permission granted to the participant named below to participate in the NHHDS Spartans Basketball program, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE NHHDS- Spartans, Chris Coates, SportsZone, Community Campus, New Heights Gym or their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of NHHDS BASKETBALL, its agents and employee or otherwise while the named participant participates in its programs.

I/we further agree to indemnify NHHDS- Spartans and Chris Coates, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which NHHDS and Chris Coates, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against NHHDS- Spartans and Chris Coates, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of NHHDS and Chris Coates, their agents and employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to NHHDS- Spartans and Chris Coates that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

I/we understand that the Department frequently takes photographs of its activities and participants. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

\_\_\_\_\_  
Players Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**MAIL TO:**  
**72 Walnut Ave.**  
**North Hampton, NH 03862**