



Town of Plattsburgh  
Department of Parks & Recreation

151 Banker Road  
Plattsburgh, NY 12901-7307  
(518) 562-6860  
Fax # (518) 563-8136

Bernard C. Bassett  
Supervisor  
Marty Mannix  
Deputy Supervisor Councilor

Melanie Defayette  
Recreation & Youth Service Director  
Email: meld@townofplattsburgh.org

Erin Pangborn  
Program Coordinator  
Email: erinp@townofplattsburgh.org



**Registration form due by Friday-January 20**  
**\*Late registrations will be placed on a waiting list. \***

**REGISTRATION FORM FOR YOUTH BASKETBALL PROGRAM**  
**FOR GRADES 7-8**

YOUTH COMMISSION AREA: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: M  F

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALLERGIES OR PHYSICAL LIMITATIONS: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY AND I CANNOT BE REACHED - CONTACT:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

I would like to volunteer as:  Coach  Assistant Coach  Referee  Scorekeeper

TURN OVER FOR PARENTAL CONSENT FORM AND CODE OF ETHICS



<http://townofplattsburghrecreation.com/>

### Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not for adults.
- I will do my very best to make youth sports fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### WAIVER AND RELEASE OF LIABILITY

**DISCLAIMER: TOWN OF PLATTSBURGH SHALL NOT BE RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE TOWN PROGRAM FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TOWN OF PLATTSBURGH, ITS AGENTS, OR EMPLOYEES.**

In consideration of my child's participation, I hereby release and covenant not-to-sue Town of Plattsburgh, Town Board of the Town of Plattsburgh and any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Town or others for property damage, personal injury, arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my child, or assigns.

Further, I understand that these programs involve certain risks, including but not limited to, neck and spinal injuries, injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, or personal injury. In addition, I understand I may not always be there and in the event of an emergency, I hereby give permission for my child to be given emergency first aid treatment and or to be examined and treated at the nearest medical facility.

I further agree to indemnify and hold harmless Town of Plattsburgh and others listed for any and all claims arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York.

I affirm that I am of legal age, the child's legal guardian and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Plattsburgh or any of the parties listed above.

*I hereby grant the Town of Plattsburgh and all sponsors for this activity to use my audio/visual material obtained in conjunction with this event for promotional purposes.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date