

4TH & 5TH GRADE CALDWELL BASKETBALL LEAGUES REGISTRATION 2020-2021

This long-standing league offers children of all abilities an opportunity to play basketball for school-based teams. Teams are organized in late October and games will begin November 14, 2020 running until January 23, 2021.

The Caldwell Basketball League focuses on the following goals:

- To teach all kids the fundamentals of basketball. *This is an instructional league.
- To provide a fun environment that will help kids stay physically fit & active.
- To provide a positive experience for all participants.

VOLUNTEER COACHES!

TO HELP MAKE THIS YOUTH LEAGUE A SUCCESS YEAR AFTER YEAR, WE RELY ON DEDICATED VOLUNTEER COACHES. PLEASE CONTACT THE RECREATION OFFICE AT 808-5400 OR INDICATE ON YOUR CHILD'S REGISTRATION FORM IF YOU ARE INTERESTED IN COACHING.

**** THERE IS A MANDATORY COACHES MEETING ON WEDNESDAY, OCTOBER 28TH AT THE RIVERTON COMMUNITY CENTER @ 7:00 PM. (TO COACH IN THIS LEAGUE, YOU MUST MAKE THE IN PERSON MEETING DUE TO COVID-19 SAFETY PROTOCOLS)****

GAME DATES: SATURDAYS— NOVEMBER 14, 21, DECEMBER 5, 12, 19, 2020, JANUARY 9, 16, AND 23, 2021

DATES AND TIMES FOR PRACTICES WILL BE DETERMINED AT A LATER TIME.

AGES: 4TH AND 5TH GRADES

LOCATION:

BOY'S DIVISION — RIVERTON, AND EAST END COMMUNITY CENTERS

GIRL'S DIVISION — REICHE COMMUNITY CENTER

FEE: \$75 NON-RESIDENT: \$85

MIN/MAX: N/A

DEADLINE: MONDAY, OCTOBER 26, 2020

FEE WAIVER ELIGIBLE: YES

FMI: CONTACT RECREATION @ 808-5443 OR E-MAIL NICK CLICHE AT NC@PORTLANDMAINE.GOV OR PETE GERARD AT PTG@PORTLANDMAINE.GOV

4TH/5TH GRADE CALDWELL TWO-WEEK BASKETBALL MINI CLINIC

Take one part open gym, two parts skill building, three parts fun plus a dash of competition, mix them together and you get our two-week Caldwell mini basketball clinic! We will get your child ready and excited for the upcoming Caldwell season by reviewing some of the basics of the game while building skills and confidence in a fun environment. From beginners to veterans, our two-week clinic has something for everyone. We keep things fast-paced and fun and utilize a low "Kid to Coach" ratio to ensure your child gets the support they need to truly build their game and prepare them to be an active member of a team when the season starts.

DATES: SATURDAYS— OCTOBER 24 & OCTOBER 31, 2020

LOCATION: RIVERTON COMMUNITY CENTER,
1600 FOREST AVE

TIME: 9:00 AM—10:00 AM

FEE: \$20

AGES: 4TH & 5TH GRADE

MIN/MAX: 10/30

The views of Portland Parks, Recreation and Facilities are not necessarily those of Portland Public Schools.

DATE: _____ ARE YOU INTERESTED IN VOLUNTEER COACHING? _____

1.) CHILD/ PARTICIPANT'S FULL NAME: _____

MALE/FEMALE: _____ GRADE: _____ DOB: _____ AGE: _____ SCHOOL: _____ LEAGUE: _____

CIRCLE ONE: GALLAGHER (K-1) GALLAGHER (2-3 GIRLS) GALLAGHER (2-3 BOYS) CALDWELL (GIRLS) CALDWELL (BOYS)

TSHIRT SIZE: _____ YS _____ YM _____ YL _____ S _____ M _____ L _____ XL

2.) CHILD/ PARTICIPANT'S FULL NAME: _____

MALE/FEMALE: _____ GRADE: _____ DOB: _____ AGE: _____ SCHOOL: _____

CIRCLE ONE: GALLAGHER (K-1) GALLAGHER (2-3 GIRLS) GALLAGHER (2-3 BOYS) CALDWELL (GIRLS) CALDWELL (BOYS)

TSHIRT SIZE: _____ YS _____ YM _____ YL _____ S _____ M _____ L _____ XL

Parent / Guardian Name: _____ Parent / Guardian Name: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Phone: _____ ; _____ ; _____ Phone: _____ ; _____ ; _____

Emergency Contact Information:

****Note:** Parents/Guardians will be contacted first. Emergency Contacts are used when parents/guardians cannot be reached.**

Name: _____ Relationship: _____

Phone: _____ Phone: _____ Phone: _____

Participation of Individuals with Disabilities

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities in and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a physical or mental disability are encouraged to request reasonable accommodations to allow them to participate in public programs and services provided by the Department. The Department will make reasonable accommodations for qualified individuals with disability, so long as the accommodation does not fundamentally alter the nature of the program, pose a direct threat to others, or otherwise impose an undue burden on the City.

Qualified individuals with a disability seeking and accommodation in order to participate in Department programs will be asked to complete a questionnaire in order to determine appropriate accommodations.

Yes or No My child _____ needs a modification because of a disability to enjoy this program.

(If Yes, please request and complete the Inclusion Intake Form to help us plan for your child's needs. Inclusion Intake Forms can be found at the office on 212 Canco Road in Portland or by emailing recreation@portlandmaine.gov)

Permissions:

 Yes or **No** **Photographs: The Department of Recreation may take pictures or videos of participants at our programs, activities or special events. Please be aware that pictures may appear in future promotional materials, including our brochure. Portland Recreation staff has permission to post photos on our recreation website & recreation social media (such as Instagram & Facebook).**

I hereby give permission for my child(ren) to participate in the City of Portland Recreation Division's Basketball Program. I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation out of said program. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to his/her person or property (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) for injury, harm or damage to his/her property that may arise or occur during or in connection with said program

LIABILITY RELEASE SIGNATURE OF PARENT/GUARDIAN:

X _____ **Date:** _____

Medical Release:

If you have multiple children, please indicate which child you are referring to.

Please list any allergies, medical conditions, physical limitations and/or restrictions the participant(s) may have:

Is there any additional information we should know about your child(ren)?: _____

"I give permission for emergency medical treatment to be given to my child(ren), in case I cannot be reached by phone."

Parent/Guardian Signature: _____ **Date:** _____

Payment Options: (Please choose one.)

You will not be registered for this program until payment information is received

Gallagher K- 3rd = Resident \$60/Non-Resident \$70 Caldwell 4th-5th = Resident \$75/Non-Resident \$85

1.) Make a check payable to "City of Portland" OR,

2.) Credit/Debit Card (Visa, Mastercard, Amex, or Discover):

Card # _____ Exp. Date: _____ / _____ CVV #: _____

Name on Card: _____ Phone: _____ Email: _____

Address for Card: _____ State: _____ Zipcode: _____

Amount Due:	
(Optional Scholarship Donation):	
Total Amount Due:	

3.) Fee Waiver through Portland Parks, Recreation and Facilities:

Please circle which waiver level you were approved for in 2018/2019.

FULL

LEVEL A

LEVEL B

(90% cost covered)

(50% cost covered)

Level A or Level B fee waivers must provide payment information with their registration.

City of Portland Parks, Recreation & Facilities offers the convenience of accepting MasterCard, Discover, American Express and Visa credit cards. The payment processing company charges a \$3 minimum service charge fee for a charge up to \$114 and 2.65% thereafter to cardholders who use this service.

FOR OFFICE USE ONLY	Date:	Visa/MC Amount		Check #	Fee Waiver Level		
		Cash Amount		Check Amount	A	B	FULL

APPENDIX D

Assumption of Risk and Waiver of Liability

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 and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Portland, Maine (City) has put in place preventative measures to reduce the spread of COVID-19; however, the City **cannot guarantee** that you, your children, or any other person, will not become infected with COVID-19. Further, attending City sponsored activities could increase your risk and your child or children's risk of contracting COVID-19.

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

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my child or children's attendance at City activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all 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 City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Activity Participant(s)