

2025-26 Youth Sport Registration Full

Please read and complete the required information below.

Athlete Name (Required): _____

Athlete date of birth (Required): _____

What grade is your athlete in? (2025-26) (Required):

(Select only one option)

- | | |
|----------------------------------|----------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> K |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> Unknown | |

Please indicate shirt/jersey size (Required):

(Select only one option)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> XS (4) | <input type="checkbox"/> YS (6-8) |
| <input type="checkbox"/> YM (10-12) | <input type="checkbox"/> YL (14-16) |
| <input type="checkbox"/> AS | <input type="checkbox"/> AM |
| <input type="checkbox"/> AL | <input type="checkbox"/> Unknown |

Parent/Guardian Name(s) & Phone Number (s) (Required):

Emergency Contacts (Required):

Please provide the name & phone numbers of emergency contacts to be contacted if the parent/guardians cannot be reached. If none, please indicate "none".

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My child(ren) may be released to (Required):

*Please provide name and telephone number of other adults who can pick your child up.
If none, please state "none" or "parents only"*

PHYSICAL CONDITIONS Please list/explain any physical conditions, injuries, chronic illnesses (diabetes, epilepsy, asthma, etc) or disabilities which might impact participation in any activities. Please list hospitalizations within the last year. If none, please indicate "none" (Required):

BEHAVIORAL CONDITIONS Please list any emotional or behavioral conditions which might limit participation in activities. IE ADD/ADHD, ODD, Autism/Asperger's, Anxiety, Depression, PTSD, Bipolar or other. Please provide further explanation if needed. If none, please indicate "none" (Required):

ALLERGIES Please list any and all allergies to food, insects, bees, medications below. Please provide info regarding typical reaction symptoms and treatment/medications. If none, please indicate "none" (Required):

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MEDICATIONS Please list all current medications (prescription & over the counter) and the condition for which they are taken. If none, please indicate "none" (Required):

MEDICAL RELEASE

I acknowledge the medical info provided for each registrant is true & accurate. I agree to advise MRD in writing of any change in medical conditions or regiments. I hereby authorize MRD, its representatives or employees to obtain any and all necessary medical attention, evaluation and treatment in the event of accident, injury, sickness, etc.

I, the undersigned, acknowledge that I have read this release, and by signature below agree to its terms.

CONSENT AND AUTHORIZATION FOR PHOTO/VIDEO/AUDIO/DIGITAL

I hereby consent to, authorize and grant to Moultonborough Recreation Department, and its officials, agents, representatives, volunteers, employees, successors, assigns, or those for whom it is acting, and all persons and corporations acting with its permission or authority, including but not limited to the director/producer, editor, recorder, photographer and videographer/filmmaker, the absolute right and permission to take, copyright, use, and publish and/or broadcast any video film, footage, audio recordings, soundtrack recordings, photographs, digital images or reproductions of me/my minor child, and my/my minor child's narrative account of my/my minor child's experience, (collectively referred to as "Materials"). I/my minor child may or may not be identified in such Materials; however, I/my minor child shall not be stated by name to have endorsed any particular commercial product(s) or commercial service(s) or commercial programming. I further understand that neither I nor my minor child will have any editorial control over the final product and/or my/my minor child's portion of the Materials.

I represent that I am at least eighteen (18) years of age and that I am competent to sign this Consent. I have read the foregoing Consent and fully understand its contents. This Consent shall be binding upon me, my heirs, legal representatives, and assigns. If any provision of this Consent is found to be invalid or unenforceable, any such provision shall be divisible, and shall not affect in any way the remaining provisions, which shall remain in full force and effect.

Please check one (Required - Select at least one option):

- ☐ I have read the above photo/video/audio/digital consent and agree to its terms.
- ☐ I do NOT consent to, do NOT authorize, or do NOT grant permission for me/my minor child, identified above, to appear in any photo, publication, video, audio recording, social media post or other Internet-based posting originating from or submitted to Moultonborough Recreation Department.

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YOUTH SPORT CODES OF CONDUCT

The Moultonborough Recreation Department's Youth Sport programs are designed to provide a safe & fun youth sports experience by stressing participation, sportsmanship, fitness and skill development. This Code of Conduct must be reviewed and signed by both parent and player before participation may begin.

Athlete's Code

- I will show good sportsmanship at all times.
- I will treat other players, coaches, spectators, officials, equipment and facilities with respect.
- I will cheer on my teammates.
- Winning and losing are part of the game and I will accept both with a good attitude.
- I will shake the other team's hands after every competition and will congratulate them on their efforts.
- As a part of a team, I will accept the role I am asked to play and will support the coach's decisions.
- I will learn, understand and follow the rules of the game.
- I will attend practices and games and will try my best at all times. I will do the same in the classroom and in all other parts of my life.
- I will be honest, respectful and reliable at all times. I will listen and learn from my coaches and officials.
- I will remember that participating in youth sports is a privilege.
- I will remember that youth sports are about fun, fitness and friendship and doing my best is more important than winning.

Parent's Code

- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports.
- I will encourage good sportsmanship by demonstrating positive support for all players, spectators, coaches and officials at every game, practice or other youth sports events.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- 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 sport events.
- I will remember that the game is for youth - not adults.
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, spectators, officials, equipment and facilities with respect.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan.
- I will demonstrate self control and respect for officials, other parents, spectators, coaches, athletes, facilities and equipment at all times.

We have read the Athlete and Parent Codes of Conduct and agree to the terms. We understand that violations of the Code(s) may result in disciplinary action, suspension and/or expulsion from MRD programs, events & activities (Required):

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Moultonborough Recreation Department

RELEASE AND WAIVER OF LIABILITY

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CAREFULLY READ EVERY LINE OF THIS RELEASE AND WAIVER OF LIABILITY. IT PREVENTS YOU

FROM BRINGING LIABILITY CLAIMS AGAINST THE TOWN OF MOULTONBOROUGH AND ITS OFFICIALS,

EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES.

In consideration of participating in Moultonborough Recreation Department programs, events and activities, the

undersigned:

1. Releases, waives, discharges, covenants not to sue, indemnifies and holds harmless the Town of

Moultonborough, its officials, employees, agents, volunteers and representatives (hereinafter "Releasees") from

any and all liability to the undersigned, and his/her/their representatives, heirs, and successors in interest

(hereinafter "undersigned") for any and all loss, injury, illness or damage, and any claim or demands therefore

on account of death, injury or illness of the undersigned or damage to the property of the undersigned whether

caused by the negligence of the Releasees or otherwise, arising from or related to undersigned's participation.

2. Assumes full responsibility for all risks of bodily injury, personal injury or property damage, including but not

limited to death, paralysis, brain injury, heart attack, cardiovascular injury, respiratory injury, head injury, stroke,

aneurysm, cuts, broken or fractured bones, torn tendons or ligaments, tendon rupture, plantar fasciitis, irritation

of the fascia, torn muscles, spinal injury, damage to organs, disease, infection, emotional distress, illness, heat

exhaustion, heat stroke, eye injury, concussion, transient dizziness, lightheadedness, fainting, nausea,

cramping, exposure to and illness from infectious viruses and diseases including but not limited to COVID-19,

joint pain, sprains, tendonitis, muscle strain, muscle pain, bruising, shoulder impingement, wrist fracture and any

other physical or emotional injury, medical or psychiatric condition or complication of any kind whatsoever, due

to any cause, including the negligence of Releasees or otherwise, arising from or related to the undersigned's

participation.

3. Represents and warrants:

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(a) that he/she/they acknowledge(s) that participation in any form of recreational or sports activity, involves the

risk of serious bodily and psychiatric injury, death, economic injury, and property damage or loss;

(b) that some of the risks of harm include, but are not limited to, intense physical activity, exhaustion, fatigue,

dehydration, inexperience, lack of skill, inadequate instruction, negligent regulation, supervision, control,

response, prevention or oversight by Releasees or others, slippery surfaces, pre-existing health problems,

inadequate or negligent inspection of facilities and equipment by Releasees or others, carelessness or

negligence of other participants, carelessness or negligence of the undersigned, uneven surfaces, ventilation

defects, insufficient ventilation, possible exposure to and illness from infectious viruses and diseases including

but not limited to COVID-19, lack of protective equipment including eye protection, air purification, sanitation and

personal protective equipment ("PPE"), lack of health and safety rules, oversight and enforcement by Releasees,

lack of compliance with health and safety rules and guidelines by Releasees, undersigned and others,

inadequate health and safety practices, safeguards and precautions by Releasees, objects, debris, and

obstacles which might cause trips and falls, structural failures, inadequate or negligent instruction, insufficient

lighting, carelessness and negligence of Releasees, collision with others, equipment failures, design defects,

and any other risk of harm that one may encounter while participating and that may be attributable to Releasees

or otherwise;

(c) that he/she/they understand(s) the above list of possible risks is not exhaustive and that unknown and/or

unanticipated risks may result in property damage or loss, bodily injury, personal injury, economic injury, or

death;

(d) that he/she/they has/have read every line of this Release and Waiver of Liability carefully and had an

opportunity to review it with legal counsel (should the Undersigned so desire); and

(e) that he/she/they is/are 18 years of age or older, competent, in good health and has no preclusive medical

condition.

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(f) that if the registrant is a minor, I certify that the minor is competent, in good health and has no preclusive

medical condition.

(g) that if the registrant is a minor, I certify that I am the parent or legal guardian of the minor identified on this

registration, that I am 18 years old or older, that I grant permission for the identified minor to participate and that

I consent to this Release and Waiver of Liability as well as on behalf of and as the parent or legal guardian of

the minor identified on this registration.

This Release and Waiver of Liability shall be binding to the fullest extent permitted by law. If any provision of this

Release and Waiver of Liability is found to be invalid or unenforceable, any such provision shall be divisible, and

shall not affect in any way the remaining provisions, which shall remain in full force and effect.

**We have read the general liability waiver and agree to the terms
(Required):**

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Are you interested in coaching? (Required - Select at least one option):

☐ Yes

☐ No

If yes, please provide telephone and email contact info for coaching:

**Signature of Participant or Parent/Legal Guardian
(Required):**

**Parent/Legal Guardian Name
(Required):**

Please print

Date:
