

K - 3 GALLAGHER BASKETBALL LEAGUES REGISTRATION 2020-2021

This introductory basketball league teaches the concept of basketball and helps gain confidence in a non-competitive atmosphere, with an emphasis on skill development and teamwork. During the games, coaches help to referee and all children will receive equal playing time. The teams are as follows: co-ed kindergarten and first grade, second and third grade girls, second and third grade boys. Fun is encouraged throughout the entire season! Location: Practices are at Ocean Ave, Rowe Elementary, and East End or Riverton Community Center once a week for second and third grade teams, and once every other week for kindergarten and first grade teams. These practices will be scheduled by your team's coaches. Games will be played Saturdays at the East End Community Center, Amanda Rowe Elementary, and Riverton Community Center. T-shirts will be given out at the first games.

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, JANUARY 21, 2021 @ 7:00PM AT RIVERTON COMMUNITY CENTER, 1600 FOREST AVENUE.**

PRACTICES: PRACTICES WILL BEGIN DURING THE WEEK OF JANUARY 25, 2021 (YOU WILL BE NOTIFIED BY YOUR TEAM'S COACH ABOUT THE FIRST PRACTICE).

GAMES: THE FIRST GAMES WILL BE SATURDAY, FEBRUARY 6, 2021 THRU MARCH 27, 2021 (NO GAMES 2/20 DUE TO SCHOOL VACATION) 7 GAME SCHEDULE.

TIMES: PRACTICES WILL BE IN THE AFTERNOON OR EARLY EVENING, AND GAMES ARE ON SATURDAYS BETWEEN 9:00 AM AND 4:00 PM.

AGES: STUDENTS IN K-3RD GRADE

FEE: \$60 NON-RESIDENT: \$70

DEADLINE: JANUARY 20, 2021

FEE WAIVER ELIGIBLE: YES

MANDATORY COACHES MEETING: JANUARY 21, 2021 @ 7:00 PM IN THE COMMUNITY ROOM OF THE RIVERTON COMMUNITY CENTER, 1600 FOREST AVENUE. (TO COACH IN THIS LEAGUE, YOU MUST MAKE THE IN PERSON MEETING DUE TO COVID-19 SAFETY PROTOCOLS)

K-3 GALLAGHER THREE-WEEK BASKETBALL MINI CLINIC

These mini basketball clinics will get your child ready and excited for the upcoming Gallagher Season by teaching them the basics of the game while building skills and confidence in a fun environment. From true beginners to more experienced players, our three-week clinics have something for everyone. We keep "Kid to Coach" ratios low 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. Don't wait until the first practice to start getting ready for Gallagher Basketball, sign up now and get that jump start on your season!

DATES: SATURDAYS— JANUARY 9, 16, 23, 2021

TIME: 8:00 AM—9:00 AM (K-1ST GRADE),
9:00 AM - 10:00 AM (2ND-3RD GRADE)

AGES: K-3RD GRADE

LOCATION: RIVERTON COMMUNITY CENTER,
1600 FOREST AVE

FEE: \$30

MIN/MAX: 10/50

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)