



# Bartlett Athletic & Recreation Association Bartlett Recreation Department

PO Box 363  
Bartlett, NH 03812  
Phone: (603)374-1952 Fax: (603)374-1941  
Email: bartlettrec@gmail.com  
Website: bartlettrec.org  
Facebook: Bartlett Rec Bara  
Instagram: bartlettrecbara  
Twitter: bartlettrecbara

## Youth Sports Registration Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Sport \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town/Zip \_\_\_\_\_ Age \_\_\_\_\_

**E-Mail** (best way to get quick info out to all) \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last physical examination: \_\_\_\_\_

Mother/Guardian Phone Cell# Work#

Father/Guardian Phone Cell# Work#

**WHILE MY CHILD IS AT THE ACTIVITY STATED ABOVE, I CAN BE REACHED AT** \_\_\_\_\_

If parents/guardian cannot be reached, please contact \_\_\_\_\_  
Name phone

Medical Insurance Y/N Carrier: \_\_\_\_\_

Bartlett Recreation Department, including its affiliated organizations, sponsors, employees and personnel assumes no financial liability for any accident or injury to the participant which may occur as a result of participation in Bartlett Recreation Sports Programs and/or being transported to or from any Bartlett Recreation Youth Sports Practice or game. I hereby give my permission for emergency medical care by a certified professional. This care may be given under whatever conditions are necessary for the wellbeing of my child/ dependent. I also agree that occasional photos may be taken of my child while participating in this program. My signature also acknowledges agreement to the concussion guidelines and follow up.

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



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## Sportsmanship/Athletic Code

No athlete will be allowed to continue in an athletic program if they use:  
FOUL LANGUAGE, HIT ANOTHER INDIVIDUAL, SPEAKS IN DISRESPECT TO ANY INDIVIDUAL INCLUDING OTHER TEAMMATES, COACHES, OFFICIALS, PARENTS, and OR GUESTS. **This rule includes PARENTS**, as well. *Children learn from our good behavior, so let's reinforce the good.*

We believe that academic performance and behavior play a pivotal role in the child's participation in the recreation departments programs. In order to allow a child to participate to the fullest extent, we follow these guidelines. Infraction as listed can result in your child's dismissal from the team/activity.

1. Attendance at all practices is mandatory. An absence will be excused only if requested by a parent/guardian or teacher and approved by the coach. An unexcused absence may mean that the student does not play in the next scheduled game.
2. Each athlete will be issued a uniform to be used for the season. Uniforms are not to be defaced or altered in any way. Uniforms are to be worn or used for sanctioned activities. If uniforms are not returned at the end of the season, you could be charged for the replacement cost, and will not be allowed to participate in the next season sport.
3. If the athlete is absent from school, he/she may not participate in any athletic activity without prior approval of the recreation director, this includes participation during tournaments. If a student is suspended from school, they will not be able to participate in the sport until the suspension is over.
4. If an athlete is considered to be academically or behaviorally "at risk" by school officials or recreation department employees, that athlete may or may not be allowed to continue to participate in athletic activities. The recreation department reserves the right to end the participation at any time.
5. The Bartlett Recreation Department does not provide transportation to or from sports practices or games.
6. Athletes must adhere to the Bartlett School District Substance Abuse Policy. Violation will result in disciplinary action as described in the policy.
7. I understand there is a "NO Alcohol Policy" which includes all adults at any event, game or function, no matter where the location.

I hereby acknowledge that I have read, understand and will adhere to the responsibilities prescribed herein.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## LIABILITY RELEASE FORM

I understand that my, Please Print Name here \_\_\_\_\_, participating in the Town of Bartlett Recreation Department program, in which certain dangers and risks may arise, including, but not limited to, physical injury or loss of property. In consideration of the right to participate in the Town of Bartlett Recreation Department program, and the services provided to my child by the Town of Bartlett and their agents and employees, I have and do hereby assume any and all risks associated with the Bartlett Recreation Department program.

To the extent not otherwise covered by an insurance policy, the undersigned shall: (1) at his/her/their own expense defend the Town of Bartlett and its officers, employees, agents, and invitees from any claim resulting from an injury to his or her child arising from any cause whatsoever which occurs during or as a result of, or in conjunction with, the Bartlett Recreation Department program; (2) at his or her own expense defend the Town of Bartlett and its employees, agents, and invitees from any claim damage arising out of any injury to another person caused by his or her child while in any Bartlett Recreation Department program; (3) indemnify the Town of Bartlett from any and all liability cost or expense, including attorney's fees, resulting or relating to any act or omission of their child, which results in a claim against the Town of Bartlett and its officers, employees, agents and invitees. **The Town of Bartlett does not warrant or guarantee that insurance is available or that, if available, it will provide coverage for any particular injury to you.**

By signing below, you acknowledge that participation in the Bartlett Recreation Department program may result in physical strain on you and therefore, you represent that to the best of your knowledge and belief you are in proper physical condition. If you suffer an injury or illness, we make every effort to notify the emergency contact person listed below based on the information you provide. If in an emergency they cannot be successfully contacted, then you hereby give permission to the attending physician or emergency personnel to transport, hospitalize, medically treat, administer anesthesia, and/or perform surgery.

You further authorize the Town of Bartlett and its employees/agents to use photographs and/or video of you to promote the Bartlett Recreation Department program. By signing below, you acknowledge that you have read this liability release form, fully understand its terms, and/or have had the opportunity to clarify any questions you had with your legal counsel.

If you are in any way uncomfortable with a FULL and COMPLETE release of your right to seek recovery for any injury or property loss you sustain while participating in the Bartlett Recreation Department program, you should not sign this liability release form, in which case you agree that you will not be allowed to participate in the Bartlett Recreation Department program.

Please note sign and return this liability release form to the Town of Bartlett Recreation Department prior to your participation in the program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home/work/cell



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### Concussion Guideline Reference

#### What is a Concussion?

- ~ Is caused by a blow to the head or body.
- ~ From a contact with another player, hitting a hard surface such as the ground, ice or floor or being hit by a piece of equipment.
- ~ Can change the way your brain normally works.
- ~ Can range from mild to severe.
- ~ Presents itself differently for each athlete.
- ~ Can occur during practice or competition in ANY sport.
- ~ Can happen even if you do not lose consciousness.

#### What are the symptoms of a Concussion?

Some symptoms may be noticeable right away, however, other symptoms may show up hours or days after the injury. Concussion symptoms include but are not limited to:

- |                               |                                 |                                   |
|-------------------------------|---------------------------------|-----------------------------------|
| ~ Amnesia                     | ~ Loss of Consciousness         | ~ Sensitivity to light or noise   |
| ~ Confusion                   | ~ Balance problems or dizziness | ~ Nausea                          |
| ~ Headache                    | ~ Double or fuzzy vision        | ~ Feeling sluggish, foggy, groggy |
| ~ Feeling unusually irritable |                                 | ~ Concentration or Memory loss    |

#### CONCUSSION ASSESSMENT AND RETURN TO PLAY PROTOCOL

- ~ If you experience a blow to the head or exhibit symptoms of a concussion, tell your coach immediately.
- ~ If symptoms do not present themselves until later, alert your parents and see your physician or visit the Emergency room as soon as possible.
- ~ Once diagnosed with concussion like symptoms, a student athlete is immediately removed from all recreation Activities.
- ~ First notification should be made to the coach who will inform the recreation director.
- ~ The recreation director will coordinate with the school nurse and school office who will notify the teachers and Other related personnel to support the student athlete in academic adjustments.
- ~ A student athlete is strongly encouraged to see a concussion specialist when diagnosed with a concussion.
- ~ it is imperative that families share medical reports from outside physicians and specialists with the