

Calais Recreation Department
2025
CALAIS NEXT LEVEL BASKETBALL

Participant Information:

Name _____ Male _____ Female _____ DOB _____ Age _____

Grade _____ Doctor's Name _____

Emergency Contact _____ Relationship _____ Emergency Phone _____

Parent/Guardian Information:

Name _____ Address _____ City _____ Zip Code _____

Phone _____ Cell _____ Email _____

I give permission to post pictures on the Calais Rec Facebook page and the Next Level Basketball page. Yes or No.

INFORMED CONSENT AGREEMENT

The undersigned hereby requests and approves the above-named person's registration and participation in any/all programs offered at any time or season by this department. This request and approval will be kept on file as long as the participant remains active in Calais Recreation programs and future waiver forms are not deemed necessary. In consideration of such a request and approval to participate, the undersigned hereby agrees:

The person registering in any Calais Recreation sponsored program and his/her parent(s) or legal guardians assume all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with recreation programs and agree that there are certain inherent dangers related to all forms of recreation programming and therefore, agree to hold City of Calais, its employees and volunteers harmless and specifically agree not to make any claim against the City of Calais, its employees, and volunteers for any of these injuries which would normally be considered to be a risk associated with participation in recreational programs. It is understood that transportation to and from a program is considered part of that program. Special Recommendation: We strongly suggest an annual medical exam for everyone.

Parent/Guardian Print Name_____
Parent/Guardian Signature

Date: _____