



Montville Recreation Department's
MEN'S OPEN GYM
BASKETBALL
Fall 2021



WHO: Men, Ages 18 and over (*Montville Residents ONLY—Proof of Residency is Required!*)
SPACE IS LIMITED!!! Don't Get Closed Out!

WHAT: Enjoy ***INDOOR*** pick up basketball games with your neighbors.
 Wear Comfortable Clothing, Sneakers & Bring H2O!
Join Anytime, but you MUST BE registered in order to participate. No Drop-Ins!

Please see attached safety protocols and Board of Ed gym use policies to help keep the program safe for everyone to enjoy!

WHERE: * As of 10-18-21: Montville Township High School Gymnasium, 100 Horseneck Road in Montville.

WHEN:

SESSION	PROGRAM	WHO	DAY & DATES	TIMES
1	<u>Open Gym</u>	Ages 18 & over	Tuesdays & Thursdays: NOW thru October. Mondays & Wednesdays: November thru December.	8:00pm to 10:00pm
2	<u>Huff & Puff</u>	Ages 35 & over	Sundays: September 5th thru December *Weather Permitting	8:00am to 10:00am

*** Note: The Recreation Dept. OR Program Coordinator will email you with program changes!!! ***

COORDINATOR: Alan Tresser

FEE: FEE WAIVED for Spring/Summer 2021 participants. **NEW REGISTRATION IS REQUIRED! SPACE IS LIMITED!**
NEW participants are \$20.00 per person per session.
NOTE: There are no refunds for this program!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

- In Person at Rec Desk Kiosk during office hours of Monday through Friday: 8:30am to 4:30pm.
(Check, Cash with No Fees and/or Credit Card with a 3% Fee)
- On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)

OR 3. Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
 To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



MEN'S OPEN GYM (BASKETBALL) - Fall 2021

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

Participant Name _____ Age _____ D/O/B _____

Address _____ Town _____ Zip Code _____

Cell Phone # (For Communication Purposes) _____ Home Phone _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name/Relation/Phone # _____

Known Medical Conditions/Allergies _____

CIRCLE PROGRAM CHOICE/S: (1) Open Gym—T/R and/or M/W and/or (2) Huff & Puff—Sundays

Please list any special needs that you may have that will assist us in providing a successful experience:

I understand that the Recreation Department DOES NOT provide accident insurance.

I have read and agreed to all Covid 19 Protocols and signed Waiver of Liability relating to along with BOE Gym Use Policies.

Participant Signature _____ Date _____

FOR OFFICE USE (10/21/21): Fee Paid _____ Cash Check Received By _____ Date _____ **PROGRAM # 914**

Waiver of Liability Relating to Coronavirus/COVID-19 for Participant (Adult)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious, with no known treatments, cure or vaccine. COVID-19 is believed to spread mainly from person-to-person contact, however the exact methods of spread and contractions are still unknown. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Montville Township Recreation has put in place preventative measures that abide by the New Jersey State Department of Health Guidelines to reduce the spread of COVID-19; however Montville Township Recreation cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in recreation sponsored programs or events. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in any programs or events you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to participate in a recreation sponsored program or event. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in programs or events sponsored by the Montville Township Recreation Department.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Township of Montville, its departments, agencies, boards, commissions, officers, officials, agents, servants, administrators, and employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to (as a result of participating in a recreation sponsored program/event). I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.

*I acknowledge that I am prepared to confirm that myself nor anyone in the family (household) has any Knowledge of testing positive for COVID-19 in the last 10 days, being in contact with someone who has tested positive for COVID-19 in the last 10 days and that myself nor anyone in my household is presenting **any** of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat, or Rash.*

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

By signing below, I hereby do consent to the terms and conditions of this Release.

Adult Participant Signature: _____ Date: _____

Adult Participant Name (printed): _____

BOARD OF EDUCATION POLICIES
REGARDING RECREATION USE OF SCHOOL FACILITIES

- Practice sessions will be open to coaches and players only.
No spectators are allowed to attend practice sessions.
- Anyone in school buildings is reminded that masks are required to be worn at all times. The only exception is for players who are actually on the floor practicing or competing.
- Absolutely no food is permitted inside the building during the use of the facility. All spectator and playing areas must be left spotless of any water bottles or other trash after each event has concluded. Spectators must put away their own chairs neatly into storage areas before exiting the last game of the night.
- Access to the bathrooms will be available. No one is permitted in the halls for any other reason except to use the bathrooms and all children must be accompanied by an adult. Adults in charge of each event will be responsible for providing adequate personnel to ensure that all participants and attendees are properly supervised at all times.
- Failure to abide by these guidelines may result in our ability to have spectators present at games and/or the revocation of permission to use the facility.
- These revisions to the Board of Education’s operational plan is subject to modification should there be any dramatic changes to the COVID-19 virus activity in our schools or in the Montville Township community.

By signing below I have read and understand the above policies and agree to abide by them. I understand that non-compliance of the above policies or a change to the COVID-19 virus activity in our schools or in the community may result in my inability and/or my child’s team’s inability to utilize the school facilities for Recreational purposes.

Print Full Name _____

Date _____

Signature _____

Last Revised 10-13-21.