
THE OUTING CLUB

Woodward Park • OCIC Gym • Knights Hill Nature Park

HELLO BASKETBALL FANS!

We are happy to announce that the OC will be having a 2020 basketball season!!

Due to Covid-19 the 2020-21 basketball season will be modified. There will be no league, jamborees or tournaments. Weekdays will offer kids a chance to work on skills and drills (all age groups K-6th), and Saturdays will give kids a chance to put those skills to the test against their fellow Outing Club members in a scrimmage(3rd/4th and 5th/6th grade levels only).

What to Expect:

- Spots will be limited to 16 per age/gender group (with a minimum of 10 athletes)
- We will have Covid protocols in place, with questionnaires and temperatures taken at each practice
- Zero tolerance for temperatures over 99F - everyone will be sent home if even one child shows up with a fever
- Masks will be worn by all, all the time
- Closed weekday practices
- Play will be at the Colby Sawyer gymnasium - NOT KRMS or New London Elementary
- The season will run in December only
- Zero tolerance for out of state travel (if you are going out of state for Thanksgiving, you cannot attend the first 2 weeks)

Volunteers/coaches needed please reach out to Steve stevelynch213@gmail.com or Pete petergsmith06@gmail.com

Each parent/guardian will be required to conform to the participation waiver for this season and there will be daily practice/game questionnaires that need to be adhered to. There may be additional requirements/protocols in place for the Outing Club to have a successful Winter Season (as recommended by the State of NH reopening plan). We plan to be as fluid as possible as we work our way through the Winter programming.

Program costs have been reduced due to the modified season:

3rd - 6th: \$50 for members | \$70 for non-members

K - 2nd: \$30 for members | \$50 for non-members

PO Box 1856

603.526.8321

www.theoutingclub.org

New London, NH 03257

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2020-21 Tentative Basketball Schedule

Mondays	5 - 5:45	kinders	
	6 - 7	$\frac{3}{4}$ boys	coach Brian
Tuesdays	5 - 7	$\frac{5}{8}$ boys	coach Pete
Wednesdays	5 - 7	$\frac{5}{8}$ girls	coach Lynch, Woodger, Huff & Nolan
Thursdays	5 - 5:45	2nd graders	
	6 - 7	$\frac{3}{4}$ girls	coach Lynch
Fridays	5 - 5:45	1st graders	
	6 - 7	extra time TBD	
Saturdays	8:00 - 9:15	$\frac{3}{4}$ boys scrimmage	
	9:30 - 10:45	$\frac{3}{4}$ girls scrimmage	
	11:00 - 12:15	$\frac{5}{8}$ girls scrimmage	
	12:30 - 2:00	$\frac{5}{8}$ boys Scrimmage	

**times subject to change based on gym availability

COVID Screening

Participant Name:

Group: Basketball ___K ___ 1/2 ___ 3/4 ___ 5/6

1. Do you have any of the following symptoms?

A. Fever of 100.4 degrees or higher (as measured by a touchless Thermometer if available, but a verbal confirmation of lack of fever is sufficient if a touchless thermometer is not available)? ___ Yes ___ No

B. Cough (excluding chronic cough due to a known medical reason other than COVID-19)? ___ Yes ___ No

C. Shortness of breath? ___ Yes ___ No

D. Sore Throat? ___ Yes ___ No

E. Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)? ___ Yes ___ No

F. Have a loss of, or change to, sense of taste or smell? ___ Yes ___ No

2. Have you had or have you been notified that you have had close contact with a person that has been diagnosed with COVID-19 through a positive test result? ___ Yes ___ No

If you answered yes to the above and the close contact was within 14 days of today, proof of a negative test must be submitted with this sheet.

3. Have you traveled out of New England within the last 14 days? ___ Yes ___ No

If you answer yes to the above you must quarantine for 14 days (from your return date) until you are eligible to participate in Outing Club activities or provide proof of a negative test.

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COVID19 Waiver

Participants registered for 2020 Fall Sports Programs are required to complete the COVID-19 waiver/release below.

Please include the primary email address and phone number where the parent/guardian can be reached while training is in progress.

Participant Name:

Parent/Guardian Name:

Email Address:

Phone Number (Where you can be reached during activity hours):

Group: Soccer __K __1/2 __3/4 __5/6 Field Hockey __1/2 __3/4 __5/6

WAIVER/RELEASE/ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate in programs, related events, or activities offered by The Outing Club ("The OC"), including the right to enter The OC's premises, or access its fields, the undersigned acknowledges, appreciates, understands, and agrees that:

1. Participation includes possible exposure to, and illness from, infectious diseases including but not limited to MRSA, influenza, and COVID-19 (collectively "Infectious Diseases"). While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. The OC cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading Infectious Diseases while participating in The OC's programs or accessing its premises or fields. It is not possible to prevent against the presence of Infectious Diseases. Therefore, if you choose to utilize services or enter onto The OC's premises or fields, you may be exposing yourself to Infectious Diseases and or increasing your risk of contracting or spreading Infectious Diseases;

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3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against Infectious Diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation, and bring such to the attention of the nearest OC official immediately;

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY The OC, their officers, directors, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the programs ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law;

5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS PERTAINING TO INFECTIOUS DISEASES, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and

6. I certify if at any time following the execution of this release, myself or my child(ren) (1) experience any symptoms of COVID-19, (2) have come in contact with any individual who tested positive for COVID-19, (3) have tested positive for COVID-19, or (4) have traveled outside New England within the last 14 days, that I and or my child(ren) will abstain from participating in all The OC activities and will not under any circumstance travel to the premises for at least Fourteen (14) days. Furthermore, I certify that if myself or my child(ren) have been diagnosed with COVID-19 that I will not return to the premises until after Fourteen (14) days have elapsed from diagnosis and myself or my child(ren) have tested negative for COVID-19.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Printed Name of Parent/Guardian

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Signature & Date

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