

BEEKMANTOWN RECREATION DEPARTMENT
571 Spellman Road, West Chazy, NY 12992 (518) 563-4650, Ext. 1
2018 CLINTON COUNTY SPORTS REGISTRATION FORM

T-Ball

Fall Soccer

Winter Basketball

Name of Participant _____ Grade as of Sept. 2018 _____
 Gender _____ Date of Birth _____ Birth certificate on file in Beekmantown? Yes _____ No _____
 Phone # _____ Cell # _____ Emergency # _____
 Address _____ City _____ State _____ Zip Code _____
 Parent/Guardian _____ Ethnicity _____
 E-mail address _____
 Participant has registered for BYC activities in the past: Yes _____ No _____

Will you release your child's picture to be used on the Town of Beekmantown Website, BYC FaceBook and/or promotional material? Yes _____ No _____

Residents of the Town of Beekmantown will be assigned to a team before non-residents. ALL Non Residents must register to play in the town they reside before seeking a release to play baseball, softball, soccer and basketball elsewhere. There are no fees for any of these county league sports. All registrants must have a copy of birth certificate. *****ALL LATE SIGN UPS WILL BE PUT ON A WAITING LIST IF ROSTERS ARE FULL*** Coaches will contact you when practices begin. MAY BE MAILED TO: BEEKMANTOWN REC. DEPT., 571 SPELLMAN RD, WEST CHAZY, NY 12992.**

T-Ball	<input type="checkbox"/>	<i>Children must have documentation showing they have completed a school kindergarten program. Program begins end of June.</i>	Residents Only
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FALL SOCCER - Registration end date is July 20, 2018							
Fall Soccer				Born after	But before	Resident	Non- Resident
	<input type="checkbox"/>	Mites	Ages 6 & 7	11/1/2010	10/31/2012		
	<input type="checkbox"/>	Pee Wee	Ages 8,9,10	11/1/2007	10/31/2010		
	<input type="checkbox"/>	Bantam	Ages 11,12,13	11/1/2004	10/31/2007		

WINTER BASKETBALL - Registration end date is November 23, 2018						
Grades as of Sept. 2018					Resident	Non- Resident
WINTER	<input type="checkbox"/>	Girls- Grades 3 & 4	<input type="checkbox"/>	Boys- Grades 3 & 4		
BASKETBALL	<input type="checkbox"/>	Girls- Grades 5 & 6	<input type="checkbox"/>	Boys- Grades 5 & 6		

PARENTAL CONSENT: I give permission for my child, _____, to participate in the Clinton County sponsored activities checked above, understanding that there is NO Town accident insurance for this/these activities. In the event of an emergency, I hereby give permission for my child to be given emergency first-aid treatment and/or to be examined and treated at the nearest medical facility. I also understand that I am responsible for picking up my child promptly following each activity. Recreation Dept staff cannot supervise or be responsible for him/her once the sport has ended. I understand that my child(ren) must have documentation showing they have completed a school kindergarten program in order to participate in any sport that list kindergarten age as appropriate.

 Signature of Parent/Guardian Phone # Date