

**BEEKMANTOWN RECREATION DEPARTMENT**

571 Spellman Road, West Chazy, NY 12992 (518) 563-4650, Ext. 1

# 2018 CLINTON COUNTY SPORTS REGISTRATION FORM

**Baseball/Softball**

**T-Ball (non-county)**

**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.**

<b>SOFTBALL &amp; BASEBALL - Registration starts March 19 - April 13, 2018</b>							
				Born After	But Before	Resident	Non- Resident
<b>SOFTBALL</b>	<input type="checkbox"/>	Grasshopper	Ages 7, 8, 9	8/1/2008	7/31/2011		
	<input type="checkbox"/>	Pee Wee	Ages 10, 11, 12	8/1/2005	7/31/2008		
	<input type="checkbox"/>	Pony	Ages 13 - 17	8/1/2001	7/31/2005		
<b>BASEBALL</b>	<input type="checkbox"/>	Grasshopper	Ages 7, 8, 9	8/1/2008	7/31/2011		
	<input type="checkbox"/>	Pee Wee	Ages 10, 11, 12	8/1/2005	7/31/2008		
	<input type="checkbox"/>	Pony	Ages 13 - 17	8/1/2001	7/31/2005		
<b>T-Ball</b>	<input type="checkbox"/>	<i>Children must have documentation showing they have completed a school kindergarten program. Program begins end of June.</i>				<b>Residents Only</b>	

<b>FALL SOCCER - Registration end date is July 20, 2018</b>							
				Born after	But before	Resident	Non- Resident
<b>Fall Soccer</b>	<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		

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



