

**BEEKMANTOWN RECREATION DEPARTMENT**  
 571 Spellman Road, West Chazy, NY 12992 (518) 563-4650, Ext. 1 FAX: (518) 563-0554  
**2019 CLINTON COUNTY SPORTS REGISTRATION FORM**

<b>Baseball/Softball</b>	<b>T-Ball (non county)</b>	<b>Fall Soccer</b>	<b>Winter Basketball</b>
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Name of Participant \_\_\_\_\_ Current grade \_\_\_\_\_

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 \_\_\_\_\_

**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 on file. **\*\*\*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>BASEBALL &amp; SOFTBALL - Registration starts March 11 - April 12, 2019</b>							
				Born After	But Before	Resident	Non- Resident
<b>BASEBALL</b>	<input type="checkbox"/>	Grasshopper	Ages 7, 8, 9	8/1/2009	7/31/2012		
	<input type="checkbox"/>	Pee Wee	Ages 10, 11, 12	8/1/2006	7/31/2009		
	<input type="checkbox"/>	Pony	Ages 13 - 16	8/1/2002	7/31/2006		
<b>SOFTBALL</b>	<input type="checkbox"/>	Grasshopper	Ages 7, 8, 9	8/1/2009	7/31/2012		
	<input type="checkbox"/>	Pee Wee	Ages 10, 11, 12	8/1/2006	7/31/2009		
	<input type="checkbox"/>	Pony	Ages 13 - 16	8/1/2002	7/31/2006		
<b>T-Ball</b>	<input type="checkbox"/>	Children must have documentation showing they have completed a school kindergarten program. Program begins end of June.				<b>Residents Only</b>	

<b>FALL SOCCER - Registration end date is July 19, 2019</b>							
				Born after	But before	Resident	Non- Resident
<b>Fall Soccer</b>	<input type="checkbox"/>	Mites	Ages 6 & 7	11/1/2011	10/31/2013		
	<input type="checkbox"/>	Pee Wee	Ages 8,9,10	11/1/2008	10/31/2011		
	<input type="checkbox"/>	Bantam	Ages 11,12,13	11/1/2005	10/31/2008		

<b>WINTER BASKETBALL - Registration end date is November 22, 2019</b>							
<b>Grades are as of September 2019</b>						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			

*Will you release your child's picture to be used on the Town of Beekmantown Website, Beekmantown Recreation Dept FaceBook and/or promotional material? Yes \_\_\_\_\_ No \_\_\_\_\_*

**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 \_\_\_\_\_