

BEEKMANTOWN RECREATION DEPARTMENT

571 Spellman Road, West Chazy, NY 12992 (518) 563-4650, Ext. 1 FAX: (518) 563-0554

****NEW 2019 MINI MITES SOCCER REGISTRATION FORM NEW****

Name of Participant _____
 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 _____

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 soccer. There are no fees for the Mini Mites Soccer Program. 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. REGISTRATION FORM MAY BE MAILED TO: BEEKMANTOWN REC. DEPT, 571 SPELLMAN RD, WEST CHAZY, NY 12992.**

Mini Mites Soccer Registration end date is August 15, 2019				
	Age 5	Born after	But before	Resident Non- Resident
		11/1/2013	10/31/2014	

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 _____

