

TOWN OF ROCHESTER RECREATION DEPARTMENT

**PO Box 65
Accord, NY 12404
845-626-2115
Fax: 845-626-0141**

Email: Recreation@TownofRochester.ny.gov
Carol Dennin, Youth Director
RITA HARKINS/ASHLEY SWEENEY, ASST. DIRECTOR
Michael Smith, Sr., Basketball Director

**New Players Ages 7-8
NEW PLAYERS MUST PROVIDE
A COPY OF YOUR BIRTH
CERTIFICATE!
COST:\$55**

**New Players Ages 9 -21
NEW PLAYERS MUST PROVIDE
A COPY OF YOUR BIRTH
CERTIFICATE!
COST: \$75**

This program does not deny services to participants regardless of race, creed, color, national origin, sex, or disability.

**YOUTH BASKETBALL
2017-2018 Registration**

Child's Name: _____ Male ___ Female ___
Address: _____ City/ Town/ State/ Zip: _____
Date Of Birth: _____ How old were you on August 1? _____ (Age counts on August 1, no exceptions!)
School: _____ Grade: _____
Telephone # Home: _____ Cell: _____
Emergency Contact Name and Number: _____



COST: AGES 7 & 8 \$55 PER CHILD

COST: AGES 9 – 21 \$75 PER PLAYER

I, (please print) _____ being the parent or legal guardian of the above mentioned minor, do hereby certify that my child is in good health and may participate in the Basketball programs, I further authorize the director's of the Rochester Youth Commission Basketball programs to act for me, using their best judgment, in any emergency requiring medical attention if a parent cannot be reached. The Town Of Rochester Youth Commission will not be held responsible for medical costs. I am responsible for my own child's medical coverage.

Signature of Parent/ Guardian: _____

Hospital Preference: _____

Make Check Payable to: Town of Rochester Recreation Department

DATE OF PAYMENT	CASH	CHECK & CHECK #	AMOUNT