

TOWN OF ROCHESTER RECREATION DEPARTMENT

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

Email: Youthcommission@hvc.rr.com

Carol Dennin, Youth Director

RITA HARKINS/SHAYE DAVIS, ASST. DIRECTOR

Michael Smith, Sr., Basketball Director

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

**YOUTH BASKETBALL
2014-2015 Registration**

**New Players Ages 7-8
YOU MUST PROVIDE A COPY OF
YOUR BIRTH CERTIFICATE
COST:\$50**

**New Players Ages 9 -21
YOU MUST PROVIDE A COPY OF
YOUR BIRTH CERTIFICATE!
COST: \$65**

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: _____ Work: _____ Cell: _____

Email: _____ (Please put your email address so we can contact you for cancellations and other game information.)

Has your Child participated in our program in the past? Yes or No

Does your Child participate in other basketball programs? Yes or No

If so, to what level? _____



COST: AGES 7 & 8 \$50 PER CHILD

COST: AGES 9 – 21 \$65 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: _____

Insurance Company & Policy Name: _____

Insurance Identification #: _____

Emergency Contact #: _____ Physician's Name/ # _____

Make Check Payable to: Town of Rochester Recreation Department

DATE OF PAYMENT	CASH	CHECK & CHECK #	AMOUNT