TOWN OF ROCHESTER RECREATION DEPARTMENT

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

PO Box 65
Accord, NY 12404
845-626-2115
Fax: 845-626-0141
Email: Recreation@TownofRochester.ny.gov
Ashley Sweeney, Recreation Director
BETHANY DENNIN/RITA HARKINS, ASST. DIRECTOR
Michael Smith, Sr., Basketball Director

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
2018-2019 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 directors of the Town of Rochester Youth Basketball program to act for me, using their best judgment, in any emergency requiring medical attention if a parent cannot be reached. The Town of Rochester Recreation Department 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