



TOWN OF ROCHESTER
RECREATION DEPARTMENT
PO Box 65 Accord, NY 12404 •845-626-2115
recreation@townofrochester.ny.gov
Ashley Sweeney, Recreation Director
BETHANY DENNIN 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

*This is a Recreational Basketball League run by The Town of Rochester,
NOT the Rondout Valley Central School District.*

All questions and concerns should be directed to The Town of Rochester Recreation Department.

2023-2024 Registration

Child's Name: _____ Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ How old were you on August 1? _____ Age counts on August 1, no exceptions!

School: _____ Grade: _____ ****NEW PLAYERS**** Must provide a copy of their birth Certificate

Parent/Guardian Name: _____ Number: _____

Emergency Contact Name: _____ Number: _____

Please Circle One Size:

Youth S M L

Adult S M L XL

Shirt Number

Choice 1: # _____ Choice 2: # _____

• **League Registration Fee: \$80.00 per participant** • **Clinic Registration Fee: \$60.00**

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 Town of Rochester Basketball Program. I authorize the directors of the Town of Rochester Youth Basketball Program to act 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: _____ Date: _____

I give permission to The Town of Rochester Recreation Department to take photographs of my child: _____
I allow the Town of Rochester to use such photographs of my child for any lawful purpose, including for example such as publicity, illustrations, advertising, and web content.

Signature of Parent/ Guardian: _____ Date: _____

Please Make Checks Payable to: Town of Rochester Recreation Department

DATE OF PAYMENT	CASH/CHECK #	AMOUNT



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PO BOX 65, ACCORD, NY 12404
Office Phone: (845) 626-2115
RECREATION@TOWNOFROCHESTER.NY.GOV
ASHLEY SWEENEY, DIRECTOR
BETHANY DENNIN, ASSISTANT DIRECTOR

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Town of Rochester Basketball Program

Code of Conduct:

Below is a set of rules that **MUST** be followed for the duration of the season. Participation in the Town of Rochester Basketball Program at Kerhonkson Elementary School is a privilege that can and will be revoked if you or your child refuses to adhere to them.

1. Participants in the program and their guests are **NOT** permitted in the hallways during game or practice time for any reason except to use the restroom or the water fountain.
2. Absolutely no alcohol, smoking or weapons are permitted on school property.
3. Abusive/foul language or bullying will **NOT be tolerated.**
4. Misuse/abuse of the facility, supplies and/or equipment will revoke your privilege to continue participation in the program and you may face possible consequences.
5. All participants will clean up after themselves.
6. There will be **NO LINGERING** on school property inside or outside the building. When you are finished in the gymnasium, you must leave the premises.
7. All playgrounds and school property are **RESTRICTED**. Property is under constant surveillance; violators will be reported to local authorities.
8. Spectators must remain in the gymnasium for the duration of the game they are attending.
9. Friends are welcome to attend games but must remain in the gymnasium the entire time and **children MUST be accompanied by an adult. NO DROP OFFS.**
10. Participants must fully understand that their actions are a direct reflection of the Recreation Department, and they are expected to always act in a responsible manner.
11. Parents are responsible for their child/children's actions and the actions of any person that they bring to the program.

I have read and agree to the set of rules listed above:

Today's Date

Participant's Name (Printed)

Participant's Signature