

Town of Southeast Recreation

2019-20 Basketball Season

Sponsored by the Town of Southeast Recreation Department

Basketball season is here!!! Registration information is included in this packet. In order to register you must complete the registration form, "Player Code of Ethics" and "Parent/Coaches Code of Conduct" forms. We will not accept any registrations that are incomplete. Please review the "Player Code of Ethics" with your child so that they are aware of our expectations. Please print clearly on the registration forms. Thank you and we are looking forward to a great season!

All players must wear their uniform shirt during games
Sneakers must be worn—NO jewelry allowed—NO casts or hats allowed
In case of inclement weather call the Recreation Office 845-279-3915 for
Instructions about the day's events.

1st, 2nd & 3rd Grade Boys & Girls Basketball League

Saturdays, CV Starr Intermediate School Gym

****Instructional League with scrimmages** New teams formed each year****

****Emphasis will be placed on learning fundamentals and skills****

Nov. 9, 16, 23 / Dec. 7, 14 / Jan. 4, 11, 18, 25 / Feb. 1, 8, 29

Times—TBA

FEE: \$135

Fees are non-refundable

Last day to register—October 25

Dates subject to change or cancellation

No evaluations for this level—Girls and Boys play separately

This is a one hour program, no practice during the week

PHOTOS WILL BE TAKEN ON NOVEMBER 16—SCHEDULE AND FORMS TO FOLLOW!

2019-20 BASKETBALL REGISTRATION FORM

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NAME: _____ MALE: ___ FEMALE: ___
ADDRESS: _____
CITY: _____ ZIP CODE: _____
PHONE: _____ WORK #: _____ CELL #: _____
GRADE: ___ SCHOOL: _____ AGE: ___ DOB: _____

SHIRT SIZE: CIRCLE ONE: Youth S M L XL Adult S M L XL

EMERGENCY CONTACT: _____ PHONE: _____

FEE: (non-refundable & non-transferrable): _____ Check #: _____ Cash: _____

CREDIT CARD TYPE: _____ #: _____

Expiration Date: _____ Sec. Code: _____

A 2% processing fee will applied starting September 2017

EMAIL ADDRESS: _____

_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Mail or drop off at: Town of Southeast Recreation Department
1 Main St / Brewster, New York 10509 phone #: (845) 279-3915
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov

*****VOLUNTEERS NEEDED*****

Please consider volunteering your time. It is for a GREAT cause!

I would like to COACH _____ or ASSIST _____ LEVEL/GRADE: _____

Name (Please print): _____

Phone number: _____

Please remember asking to coach or having coached before does not mean that you automatically have a position. Number of coaches will depend on the player participation. We will notify each volunteer as positions arise.

THANK YOU IN ADVANCE FOR VOLUNTEERING!!

Without our volunteers we would not have programs for our children and we cannot thank you enough for all that you do!