Town of Schroeppel
Department of Community Services
69 Co. Rt. 57A, Phoenix, New York 13135
695-2801 FAX 695-3231
hknipp@townofschroeppel.com

Office Use Only:
Date Paid: _____
Amount Paid: _____
Cash _____ Check# _____
Online Registration _____
Res _____ Non Res _____
Late Fee _____
Additional Notes _____
_____
_____

2023 YOUTH TRACK & FIELD REGISTRATION

REGISTER by: June 20th **Ages 5-13**
Track & Field will begin July 11th **5 Weeks**
It is held Mon. and Wed. from 6:30 – 8:00 **Free Program**
Please come with sunscreen and bug spray if needed.
Location: First night, please meet at William J Farley Community Park

PLEASE PRINT **DATE OF BIRTH_____**

PLAYER'S NAME_____ AGE AS OF June 25th_____
LAST FIRST

ADDRESS_____
GRADE_____ *Male*_____ *Female*_____
CITY _____ZIP_____
PHONE#_____CELL# _____EMAIL_____
Do you live in the Town of Schroeppel? _____YES _____NO

Please list any medical conditions or other conditions of this player

_____
_____

Parent/Guardian's Name (please print) _____

Person to notify in emergency_____ Phone: _____

Relationship to participant_____

Doctor to notify in emergency_____ Phone: _____

Hospital Preference, if any _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I understand that there is no accident or injury insurance coverage for injuries incurred in this program. I give permission for my child to participate in the Community Services Youth Track & Field Program. I hereby give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child's name) _____as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to the life, limb, or well-being of my dependent.

Date:_____ Signed: _____

I give my permission for my child to be photographed for publicity purposes.

Date:_____ Signed: _____

Registrations are limited this year.

Parental/Adult Support

_____ Yes, I will help.
_____ Name

If we do not get enough volunteers, we will be unable to run the program. Please consider helping.