



**WATER BOTTLE &
SNEAKERS
REQUIRED!**

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

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

2025 YOUTH TRACK & FIELD REGISTRATION

Ages 5-13

Track & Field will begin July 15th 5 Weeks / Free Program

It is held Tuesdays 6:30 – 8:00pm & Saturdays 10am-11:30am.

Please come with sunscreen and bug spray if needed.

Location: First night, please meet at William J Farley Community Park



DATE OF BIRTH_____

PLAYER'S NAME_____ **AGE AS OF June 30th**_____

FIRST

ADDRESS_____

GRADE_____ *Male*_____ *Female*_____

CITY _____ **ZIP** _____

PHONE# _____ **CELL#** _____ **EMAIL** _____

Do you live in the Town of Schroepfel? ____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.*