



BEACON SUMMER HOOPS BASKETBALL 2018^(5/10/18)

The program needs volunteers to help in the following areas: Coaching, Score Keepers, Timers, Team Parents, and Helpers with Pee Wee Instruction. Sign up below.

| Division | Boys and Girls Ages Age calculated by start of program | Games Played |
|--------------|--|---------------------|
| Pee Wee | 6-7 years old | July through August |
| Intermediate | 8-9 years old | July through August |
| Rookie | 10-12 years old | July through August |
| Junior | 13-16 years old | July through August |
| Senior | 16-18 years old | July through August |

Registration is open to youth ages 6 to 16. Each Division has a limited amount of spaces available and registration will be closed when the spaces are filled. Registration forms will only be accepted at City Hall.

Program Fees

Beacon Residents: \$50.00\ each additional child in family \$45.00

Non Residents \$65.00\ each additional child in family \$60.00

Please Note- Program Fees are Non-Refundable

No refunds for any processed applications.

Make checks/money orders payable to City of Beacon

Sign Up Information

Registration:

Held at Beacon Recreation Center and City Hall between 9am and 3pm Monday – Friday until June 7th .

Extra Registration will be held at Memorial Park Saturday June 2, 2018 from 10 am to 12:00 pm.

Applications must be paid for at the time of registration. Proof of payment is necessary to participate in evaluations. Players not evaluated are not guaranteed a spot in the program.

- *Proof of age and residency may be required for all who register.*
- *All players will receive a summer league T-Shirt.*
- *Players in the instructional Pee-Wee & Intermediate Division will also receive a basketball.*
- *Applications can be found online at cityofbeacon.org*

Player Draft Evaluations-Are held at Beacon High School. Games will be held at Looper's Court at the corner of South Ave. and 9D, River Front Park, down near the train station, & Memorial Park where listed. In order to ensure your spot in the program you must attend at least one evaluation session. **Players not evaluated will not be in the draft and will not play. Rain dates if necessary will be posted on Beacon Hoops face book page and the City of Beacon Website.**

| Division | Age | Evaluation Time | Evaluation Dates | Must be Registered |
|-----------------------------------|-------------------|--|--------------------------------------|--|
| Pee Wee & Intermediate | 6-9 year | 6:00 pm to 6:45 pm | Thurs 6/7/18 BHS | Must be registered to be evaluated. |
| Rookie | 10-12 year | 7:00 pm to 8:30 pm 7:00 pm to 8:30 pm | Tues 5/29/18 BHS Thurs 6/7/18 BHS | Must be registered to be evaluated. |
| Junior | 13-16 year | 6:00 pm to 7:30 pm 6:00 pm to 7:30 pm | Thurs 5/31/18 BHS Mon 6/4/18 BHS | Must be registered to be evaluated. |
| Senior | 16-18 year | 7:30 pm to 8:30 pm 7:30 pm to 8:30 pm | Thurs 5/31/18 BHS Mon 6/4/18 BHS | Must be registered to be evaluated. |



**BEACON SUMMER
HOOPS 2018^(5/10/18)
REGISTRATION FORM**

Mail or drop off completed form to:
Beacon Recreation- Hoops
23 West Center Street
Beacon, NY 12508

| | | |
|------------------------------|-----|-----------|
| Hoops Use Only Verify | PIF | Division |
| | DOB | Residency |

Player Information

| | | |
|--|-----------------|---------|
| Participant's Name: | Date of Birth: | Age: |
| School Attended: | Grade in Sept.: | Gender: |
| Shirt Size: S M L XL XXL Other Specify | Height: | Weight: |

Parent/ Guardian Information

| | | | |
|-----------------|-----|-------------|--------|
| Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | | Cell Phone: | |
| I can volunteer | Yes | No | Email: |

Emergency Contact Information

| | |
|--------------------|--------|
| Contact: | Phone: |
| Alternate Contact: | Phone: |

Medical Information

| | |
|---|----------------|
| Medical Insurance Carrier: | Policy Number: |
| Family Physician: | Phone: |
| Allergies, Existing Physical Conditions and/or Limitations: | |
| Additional Info: | |
| Participant /Guardian Signature: | Date: |

Office Use Only cityofbeacon.org

Register Code: BHOOPS

Rec'd by:

Total Fees Paid: \$

Money Order#

Check#

PLEASE FILLOUT OUT BACK OF PAGE- OVER

The City of Beacon
1 Municipal Plaza Suite 4
Beacon, NY 12508

WAIVER and RELEASE of LIABILITY

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment to enable me to participate in outdoor recreation activities, and/or transportation to and from such activities I agree as follows:

I fully understand and acknowledge that: (1) risks and dangers exist in my use of the specified equipment and my participation in such activities: (2) these risks and dangers may be caused by the conduct of the City of Beacon, its officers, directors, employees and volunteers, the conduct of the participants, the conduct of others, accidents, breaches of contract, forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (3) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by conduct of the City of Beacon, its officers, directors, employees and volunteers, or by any other person relating to such activities.

I, on behalf of myself, my personal representatives, and my heirs voluntarily release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, action or losses for bodily injury, property damage, wrongful death, loss services or otherwise which may arise out of my use of equipment or my participation in the proposed activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

Please note: While participating in the forgoing activities offered by the City of Beacon, The City's officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

Outdoor recreation activities are an athletic activity and require a certain amount of physical fitness. Anyone with wrist, arm, shoulder, neck, back, leg or knee problems should consult their physician before participating in the above mentioned activities. Any person requiring medication must bring the necessary medication with them and inform the City of Beacon, its officers, directors, employees and volunteers of said requirement before beginning the above mentioned activities.

I hereby consent to and authorize treatment for any medical emergency which may occur during participation in the City of Beacon Outdoor sports activities. Recognizing this possibility I hereby consent to emergency transportation and treatment necessary in the event of illness or injury.

I authorize and agree to the reasonable and proper use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs and video which may be taken of any aspect of the program and which may include the image of the participant.

I have read the above waiver and release, and by signing it agree it is my intention to release the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

PARTICIPANT NAME: _____
(FIRST NAME MIDDLE INITIAL LAST NAME)

PARTICIPANT ADDRESS: _____
(STREET CITY STATE ZIPCODE)

PARTICIPANT DOB: _____ **PHONE NUMBER:** _____

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____
PARTICIPANT SIGNATURE IF PARTICIPANT IF OVER THE AGE OF 18

| Name | Division | Team |
|------|----------|------|
|------|----------|------|