



## BEACON SUMMER HOOPS BASKETBALL 2019<sup>(5/17/19)</sup>

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 <i>Age calculated by start of program</i>	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 18. Each Division has a limited amount of spaces available & registration will be closed when spaces are filled. Registration forms will only be accepted at the Rec Center.

### Program Fees

<p><b><u>Beacon Residents: \$50.00\ each additional child in family \$45.00</u></b></p> <ul style="list-style-type: none"> <li>• Non Residents \$65.00\ each additional child in family \$60.00</li> <li>• Please Note- Program Fees are Non-Refundable</li> <li>• No refunds for any processed applications.</li> <li>• Make checks/money orders payable to City of Beacon</li> </ul>
--

### Registration Information

<ul style="list-style-type: none"> <li>• Held at Beacon Recreation Center between 9am and 3pm Monday – Friday until June 7<sup>th</sup></li> <li>• 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.</li> <li>• Proof of age and residency may be required for all who register.</li> <li>• All players will receive a summer league T-Shirt.</li> <li>• Players in the instructional Pee-Wee &amp; Intermediate Division will also receive a basketball.</li> <li>• Applications can be found online at <a href="http://cityofbeacon.org">cityofbeacon.org</a></li> </ul>
--

### Player Draft Evaluations

<p><i>Held at Beacon High School. Games will be held at Loper's Court at the corner of South Ave. and 9D, River Front Park, down near the train station, &amp; Memorial Park where listed. In order to ensure your spot in the program you must attend at least one evaluation session.</i></p> <p><b><u>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.</u></b></p>
--

Division	Age	Evaluation Time	Evaluation Dates	Must be Registered
Pee Wee & Intermediate	6-9 year	6:00 to 6:45 pm	June 10	Friday 6/7
Rookie	10-12 year	6:00pm	Monday June 3 • Thursday June 6 Monday June 10	Friday 5/29 • Wed 6/5 Friday 6/7
Junior	13-16 year	7:00pm	Monday June 3 • Thursday June 6 Monday June 10	Friday 5/29 • Wed 6/5 Friday 6/7
Senior	16-18 year	8:00pm	Monday June 3 • Thursday June 6 Monday June 10	Friday 5/29 • Wed 6/5 Friday 6/7



**BEACON SUMMER  
HOOPS 2019<sup>(5/10/18)</sup>  
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.:	Sex:
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 INTIAL 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
------	----------	------