



Kent Recreation and Parks Department

770 Route 52, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2015 Youth Baseball/Softball Registration Form

Fill out form completely. Please print legibly!

Division:	Age:		Early Registration Fee	Registration Fee after 2/13/15	
Start Smart <input type="checkbox"/>	3 & 4	Child must be age by start of program		\$65.00	\$70.00
Hot Shot <input type="checkbox"/>	5 & 6	Boys must be the required age by 4/30/15	Baseball <input type="checkbox"/> Softball <input type="checkbox"/>	\$70.00	\$80.00
Rookie <input type="checkbox"/>	7 & 8		Baseball <input type="checkbox"/> Softball <input type="checkbox"/>	\$75.00	\$85.00
Minor <input type="checkbox"/>	9 & 10	Girls must be the required age by 1/1/15	Baseball <input type="checkbox"/> Softball <input type="checkbox"/>	\$105.00	\$115.00
Junior <input type="checkbox"/>	11 & 12		Baseball <input type="checkbox"/> Softball <input type="checkbox"/>	\$110.00	\$120.00
Senior <input type="checkbox"/>	13 - 15		Baseball <input type="checkbox"/> Softball <input type="checkbox"/>	\$125.00	\$130.00

Participant Information

Participant's Last Name:		First:	MI:	Birth Date:	Age:	Sex:	
						Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:			Home Phone Number:		Secondary Phone Number:		
City:		State:	ZIP Code:	E-Mail		E-Mail 2	
Shirt Size:	Y A	Pant Size:	Y A	Did child play last year?	Which Division?	Which Coach?	
S M L XL		S M L XL		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain:							

Parent/Guardian Information

Father's Name:			Mother's Name:				
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Are you interested in being a volunteer: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Sponsor							

Emergency Contact Information

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

Parent or Guardian Authorization, Disclaimer and Waiver of Liability

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the baseball/softball program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: Kent Recreation	Check Number:	Receipt Number:

Registration End March 6, 2015!