



**Town of Schroepel**  
**Department of Community Services**  
 69 Co. Rt. 57A, Phoenix, New York 13135  
 695-2801 FAX 695-3231  
[hknipp@townofschroepel.com](mailto:hknipp@townofschroepel.com)

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

## 2025 YOUTH TRACK & FIELD REGISTRATION

**REGISTER by: June 30th** **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**



**PLEASE PRINT** **DATE OF BIRTH** \_\_\_\_\_

**PLAYER'S NAME** \_\_\_\_\_ **AGE AS OF June 30th** \_\_\_\_\_

**LAST** **FIRST**

**ADDRESS** \_\_\_\_\_

**GRADE** \_\_\_\_\_ *Male* \_\_\_\_\_ *Female* \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE#** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Do you live in the Town of Schroepel?  **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.**

<u>Parental/Adult Support</u>	
_____	Yes, I will help.
_____ Name	
<i>If we do not get enough volunteers, we will be unable to run the program. Please consider helping.</i>	