

**CITY OF KINGSTON PARKS & RECREATION
YOUTH/BIDDY BASKETBALL PROGRAM**

AND CLINIC

**FOR ALL NEW PLAYERS AND/OR THOSE MOVING UP TO A NEW DIVISION REGISTERED IN THE
KINGSTON RECREATION DEPT. YOUTH/BIDDY BASKETBALL PROGRAM.**

SATURDAY, OCTOBER 24TH @ ANDY MURPHY NEIGHBORHOOD CENTER
(The Midtown Neighborhood Center)

- ** THE 7 YR OLD DIVISION WILL BE FROM 9:00 AM - 10:00 AM**
- * 8 -12 YR OLD GIRLS DIVISION WILL BE FROM 10:00 AM - 11:00 AM**
- ** THE 8 - 10 YR OLD DIVISION WILL BE FROM 11:00 - 12:00 AM**
- * THE 11 - 13 YR OLD DIVISION WILL BE FROM 12 00 - 1:00 PM**

**ROB DASSIE
RECREATION LEADER FOR THE CITY OF KINGSTON PARKS & RECREATION DEPARTMENT
WILL PROVIDE LEADERSHIP – 481-7334**

PLAYERS MUST CARRY IN THEIR SNEAKERS THEY WILL BE USING WHEN THEY PLAY

LEAGUE INFORMATION

TEAM PRACTICES SCHEDULED TO START IN EARLY NOVEMBER AND ARE 1 HOUR 15 MINUTES IN
LENGTH PER PRACTICE

TEAM PRACTICE IS SCHEDULED FOR ONE DAY A WEEK

7YR OLD PRACTICE IS FROM 4-5PM (MONDAYS)
7 YR OLD LEAGUE GAMES START ON FRIDAY, DECEMBER 11TH AT THE RONDOUT CENTER

GAMES FOR 8-10 YR OLD DIVISION WILL START SATURDAY, DECEMBER 5TH

GAMES FOR 11-13 & 8-12 GIRLS DIVISIONS WILL START ON EITHER THURSDAY, DECEMBER 3RD OR
SATURDAY, DECEMBER 5TH

GAMES FOR THE 8-10, GIRLS ONLY 8-12 AND 11-13 YEAR OLD DIVISIONS ARE PLAYED AT THE
ANDY MURPHY (MIDTOWN) NEIGHBORHOOD CENTER, UNLESS OTHERWISE INDICATED.

YOUTH/BIDDY BASKETBALL PROGRAM CHARGE(Non-Refundable):
CITY OF KINGSTON RESIDENTS - \$40 and NON-RESIDENTS - \$50

PAYMENT DUE AT THE TIME OF REGISTRATION VIA CASH, CHECK, CREDIT CARD OR MONEY
ORDER AT THE PARKS & RECREATION DEPT OFFICE, PAYABLE TO:
KINGSTON PARKS AND RECREATION DEPARTMENT.
REGISTRATION AVAILABLE ONLINE – www.kingstonparksandrec.org.

City of Kingston Parks and Recreation Department
467 Broadway
Kingston, NY 12401
(845) 331-1682 (845) 331-2750 (fax)
kgilfeather@kingston-ny.gov



Kevin Gilfeather
Superintendent
kgilfeather@kingston-ny.gov
(845)481-7333

Rob Dassie
Recreation Leader
rdassie@kingston-ny.gov
(845)481-7334

PROGRAM REGISTRATION

NAME OF PROGRAM: Youth/Biddy Basketball DATE: _____

NAME OF PARTICIPANT: _____
Shirt Size – Youth Lg / Adult Sm / Adult Med / Adult LG or Adult XLG (circle one)

AGE(as of Dec 1st of this current year): _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

EMAIL ADDRESS: _____

If Parent Is Unavailable Second Person to Contact:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

ALLERGIES: (food, bees, medications, etc) _____

PHYSICAL LIMITATIONS: _____

EMOTIONAL CONCERNS (difficulties, disorders etc) _____

ADMINISTERED MEDICATIONS: YES _____ TYPE _____

Signature Parent/Guardian _____ Date _____

PROGRAM CHARGES ARE NON-REFUNDABLE

\$40 – City Residents OFFICE USE ONLY: \$50 – Non-Residents

AMT CHECK: \$ _____ AMT CASH \$ _____ RECEIPT # _____

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Kevin Gilfeather
Superintendent



Ellen Venditti
Recreation Commission, Chair

ACKNOWLEDGMENT OF RISK

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

I give my daughter/son _____, permission to participate in the Youth/Biddy Basketball program/activity sponsored by the City of Kingston Parks and Recreation Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program/activity.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises or contact with other participants. I agree to assume these risks and responsibilities surrounding my child's participation in this program or activity.

My child is in good physical condition and does not possess any physical or mental impairment that prevents their participation in this program or activity.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

Signature of Parent/Guardian _____ Date: _____

Media Waiver

For promotional purposes videos or photographs are occasionally taken of City sponsored activities. These videos or photographs may be used for promotional material on the web, brochures, flyers or public access television.

If you **DO NOT** wish your child to appear in this manner check this box