

# TOWN OF CORTLANDT 2025 YOUTH FALL BOYS SOCCER

**Fee:** \$70 with ID Card  
 \$75 without ID Card  
 \$90 nonresident

**Late Fee:** \$80 with ID Card  
 \$85 without ID Card  
 \$102 nonresident

**REGISTRATION DEADLINE:**  
 JULY 11TH

*Participants placed on the waitlist are not guaranteed a spot in the league.*

EVALUATIONS WILL TAKE PLACE AT BLUE MOUNTAIN MIDDLE SCHOOL (7 FURNACE WOODS ROAD, CORTLANDT MANOR):

Monday, July 21	1st & 2nd Grade Boys	6:00 PM
Tuesday, July 22	3rd & 4th Grade Boys	6:00 PM
Wednesday, July 23	5th & 6th Grade Boys	6:00 PM

**ONLINE REGISTRATION AVAILABLE AT  
 WWW.TOWNOFCORTLANDT.COM/RECONLINE!**

If you would like to register by mail, please return this form and fee to: Town of Cortlandt Recreation Department, 1 Heady Street, Cortlandt Manor, NY 10567

**\*ALL PLAYERS MUST PROVIDE THEIR OWN SHORTS AND HARD SHELL SHINGUARDS\***

**COACHES AND SPONSORS NEEDED**

If you are interested in coaching, please go to [www.townofcortlandt.com/reconline](http://www.townofcortlandt.com/reconline) to register or call 914-734-1053 for more information. If you are interested in sponsoring a team, please call 914-734-1053. PLEASE NOTE, registering to be a coach through Community Pass does not guarantee you a coaching position. You will be contacted by the Recreation Supervisor with more information if you are selected.

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade in Fall '25 \_\_\_\_\_

Pertinent medical information \_\_\_\_\_

Has your child played soccer with the Town of Cortlandt before? **Yes / No** If your child has played soccer in the past, what team did they play on? \_\_\_\_\_

Does your child have any conflict, which could prevent him/ her from attending games on Sunday afternoons or practices on weeknights and Saturdays? (Circle One) **Yes / No** If yes, what? \_\_\_\_\_

Shirt Sizes (Circle One):    **Youth Medium**    **Youth Large**    **Adult Small**  
    **Adult Medium**    **Adult Large**    **Adult X-Large**

RPG (Registered Parent/ Guardian) \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency # \_\_\_\_\_

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By signing up for a program through Community Pass and the Town of Cortlandt Recreation Department, you will automatically be enrolled to receive future communications from the Town of Cortlandt. You may opt of these future communications by clicking unsubscribe.

I understand that my child agrees to play on any team assigned, obey all rules and to attend practice showing fair play and sportsmanship at all times.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
<b>TR Receipt #</b> _____	<b>CC Receipt #</b> _____	<b>Reg #</b> _____	<b>Date Deposited</b> _____