

2024 BEEKMANTOWN RECREATION DEPT. SUMMER CAMPS REGISTRATION FORM

Dave Manney, Director (518) 563-4650 Ext. 1 - 571 Spellman Road, West Chazy, NY 12992

RESIDENT NON-RESIDENT _____ NAME OF SCHOOL CHILD ATTENDS
 Name of Participant _____ Grade as of Sept 2024 _____
 Gender _____ Birth Date _____ Telephone _____ Emergency # _____
 Address _____ City _____ State _____ Zip Code _____
 Parent/Guardian _____ Ethnicity _____
 Email _____

Participant has registered for Recreation Dept activities in the past? Yes / No

Do you (Parents/Guardians) pay land taxes to the Town of Beekmantown? If yes, you will pay the **Resident Fee**. If not, you will pay the **Non Resident Fee**. (*Paying school taxes to the Beekmantown School District does not qualify you as a Town Resident.*)..... Yes / No

Will you release your child's picture to be used by the Recreation Dept. Facebook, Website and/or Promotional material?..... Yes / No.....

Camp Registration Rules / Guidelines

Camp registrations are open until the camp starts or it has reached its capacity.

Registrations will be accepted BY MAIL ONLY (payment due at the time of registration) - Town of Beekmantown, Attention: Recreation, 571 Spellman Road, West Chazy, NY 12992 Please make checks payable to: Town of Beekmantown. If any questions: email: Beekmantownyc@gmail.com

There is no notification of camps starting – please use the website, Facebook or email as a reference.

NO REFUNDS UNLESS NOTIFIED PRIOR TO CAMP.

Dates	Camp Activity	Time	Grade as of Sept 2024	Resident Fee	Non Resident Fee
WEEK 1: July 1 - July 5	<input type="checkbox"/> Tennis	9 – 11:30 am	Grades 3 & up	\$12	\$45
	<input type="checkbox"/> Baseball	12-2:30pm	Grades 3 & up	\$12	\$45
WEEK 2: July 8 - July 12 July 8 - July 11	<input type="checkbox"/> Gymnastics	1-2:30pm	Grades 1 & up	\$12	\$45
	<input type="checkbox"/> Cheerleading	9-12	Grades 3 & up	\$12	\$45
WEEK 3: July 15 - July 19	<input type="checkbox"/> Soccer	9 – 11:30 am	Grades 1 & up	\$12	\$45
	<input type="checkbox"/> Basketball	12– 2:30 pm	Grades 2 to 6	\$12	\$45
WEEK 4: July 22 - July 26	<input type="checkbox"/> Football	9 – 11:30 am	Grades 3 & up	\$12	\$45
	<input type="checkbox"/> Volleyball	9– 11:30 pm	Grades 2 & up	\$12	\$45
	<input type="checkbox"/> Arts & Crafts	12-2:30 pm	Grades 2 to 5	\$12	\$45
WEEK 5: July 29 - August 2	<input type="checkbox"/> Kayaking	8 – 10:30 am	Grades 3 & up	\$12	\$45
	<input type="checkbox"/> Street Hockey	9-11:30am	Grades 2 & up	\$12	\$45

PARENTAL CONSENT: I give permission for my child, _____, to participate in the Town sponsored activities checked above, understanding that there is NO Town Accident Insurance for this/these activities. In the event of an emergency, I hereby give permission for my child to be given emergency first-aid treatment and/or to be examined and treated at the nearest medical facility. I also understand that I am responsible for picking up my child promptly following each activity. Recreation Dept staff cannot supervise or be responsible for him/her once the camp has ended. I understand that my child must have documentation showing they have completed a school kindergarten program in order to participate in any sport or any camps that list kindergarten age as appropriate.

Signature of Parent/Guardian

Phone #

Date