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*   Yes / No

School District does not qualify you as a Town Resident.)..

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 - 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

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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 3: July 15 - July 17	____ **Flag Football**	3-4:30 pm	Females Grades 4th- 9th	Free	Free

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