

2024 BEEKMANTOWN RECREATION DEPT. Bowling Clinics 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

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 of **50** students per session

Registrations will be accepted by mail - Town of Beekmantown, Attention: Recreation, 571 Spellman Road, West Chazy, NY 12992. They can also be emailed to: Beekmantownyc@gmail.com

Dates 11/4/24 and 11/7/24 Time 3:15-5:45 Grade as of September 2024

Free Bowling Clinic registration due by 11/1/24

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