

**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: [Beekmantownvc@gmail.com](mailto:Beekmantownvc@gmail.com)**

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**Dates** 12/27/24 **Time** 1pm to 3pm **Grade** 6 through 10th as of September 2024  
**Location:** North Bowl Lanes

**Free Bowling Clinic registration due by 12/27/24**

**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