



TOWN OF BEEKMAN
 RECREATION AND PARKS DEPARTMENT
 29 Recreation Center Rd, Hopewell Junction, NY 12533
 845-227-5783 227-9685(fax)
 email: RecAssistant@townofbeekmanny.us

2019-2020
School Year

After School /School's Out Program Registration Records Transfer Authorization

for children who were registered in Beekman Day Camp in 2019

Takes place at the Beekman Community Center, 31 Recreation Center Road

Information on the children you would like to register:

Participant #1 Last Name	Participant #1 First Name	Middle Initial
____/____/____		
Date of Birth	Age	Gender
_____	_____	_____
School	Grade	
_____	_____	
Participant #2 Last Name		

Participant #2 First Name		

Middle Initial		

Date of Birth		

Age		

Gender		

School		

Grade		

Participant #3 Last Name		

Participant #3 First Name		

Middle Initial		

Date of Birth		

Age		

Gender		

School		

Grade		

I authorize The Beekman Recreation to use the 2019 Camper Registration forms for this program for the above named children. I am attaching an updated "Drop Off/Pick Up/Emergency Adult Form"

If any information regarding child's health, concerns or pickup person changes, I will notify in writing.

The Child Information and this Health History submitted for the 2019 Beekman Day Camp is correct so far as I know. As the parent/guardian the person/s herein described has/have permission to engage in all After School and School's Out and Friday Night Program activities except as noted. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials. **Emergency Authorization: If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize Beekman Rec Staff to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.** I hereby give permission to the medical personnel selected by the Staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above.

 Parent/Guardian Signature

 Date



Forms are due PRIOR TO REGISTERING FOR CAMP or AFTER SCHOOL Rec Program

Drop Off/Pick Up/Emergency Adult Form

This page to be filled out by parent/guardian

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Beekman Recreation and Parks will only sign in or sign out children to adults authorized by the parent.

- Use this form to authorize all the adults you may use for this purpose.
- Please list two parents and all adults (must be 18 or over) who are authorized to drop off, or pick up your child.
- The adults should bring photo ID when dropping off or picking up a child.
- There should be a minimum of 2 adults that are within 15 minutes of the Rec in the event of an emergency or behavior problem – put a * next to a minimum of 2 adults who are within 15 minutes
- The adults listed can be used for regular pick up or may be called for pick up in the event of an emergency or behavior problem

Participant #1 Last Name	Participant #1 First Name	Middle Initial	Date of Birth
Participant #2 Last Name	Participant #2 First Name	Middle Initial	Date of Birth
Participant #3 Last Name	Participant #3 First Name	Middle Initial	Date of Birth
Participant #4 Last Name	Participant #4 First Name	Middle Initial	Date of Birth
Family Street Address	Town	State	Zip

Parent/Guardian #1 Last Name	Parent/Guardian #1 First Name	Parent/Guardian #1 date of birth	Parent/Guardian #1email address
Parent/Guardian #1 Home Phone	Cell Phone	Place of Work	Work Phone
Parent/Guardian #2 Last Name	Parent/Guardian #2 First Name	Parent/Guardian #2 date of birth	Parent/Guardian #2email address
Parent/Guardian #2 Home Phone	Cell Phone	Place of Work	Work Phone

Other than the parents/guardians listed above, this is a list of other adults who are authorized to sign in, sign out, or pick up in case of an emergency. Those with a * are available during program to pick up child within 15 minutes.

Emergency Adult #1 Last Name	Emergency Adult #1 First Name	Relationship to child
Emergency Adult #1 Home Phone	Work Phone	Cell Phone
Emergency Adult #2 Last Name	Emergency Adult #2 First Name	Relationship to child
Emergency Adult #2 Home Phone	Work Phone	Cell Phone
Emergency Adult #3 Last Name	Emergency Adult #3 First Name	Relationship to child
Emergency Adult #3 Home Phone	Work Phone	Cell Phone
Emergency Adult #3 Last Name	Emergency Adult #3 First Name	Relationship to child
Emergency Adult #3 Home Phone	Work Phone	Cell Phone

Signature of parent or guardian: _____ Date: _____