



TOWN OF BEEKMAN
 RECREATION AND PARKS DEPARTMENT
 Mailing Address: 4 Main St., Poughquag, NY 12570
 845-724-5300 ext.284 227-9685(fax)
 email: recdirector@townofbeekmanny.us

School Year
2016-2017

Youth & Teen Information

To be completed annually for youth in K-12 prior to registering for day/evening programs

Participant Last Name _____ Participant First Name _____ Middle Initial _____

Participant Street Address _____ Town _____ State _____ Zip _____

Date of Birth / / Age _____ Sex _____ School if currently a student _____ Grade _____

Participant Cell Phone Number _____ Participant Cell Phone Provider _____ Participant email _____

Participant allergies & health problems and concerns _____

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 _____ Work Phone _____ Cell 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 _____ Work Phone _____ Cell Phone _____

Please list at least TWO other contacts who live & work in the area that can pick up your child at the end of programs or in the event of emergencies, medical &/or behavior issues

#1 Last Name _____ #1 First Name _____ Address _____

#1 Home Phone _____ Work Phone _____ Cell Phone _____

#2 Last Name _____ #2 First Name _____ Address _____

#2 Home Phone _____ Work Phone _____ Cell Phone _____

#3 Last Name _____ #3 First Name _____ Address _____

#3 Home Phone _____ Work Phone _____ Cell Phone _____

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I give permission for my child/ward to participate in programs sponsored by the Town of Beekman Department of Recreation & Parks. 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. I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Town of Beekman Department of Recreation & Parks does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. I have considered participant's own health, experience, and tolerance for risk before registering for this program. I agree to the Refund Policies and Behavior Guidelines and Discipline Policies on the reverse side.

Parent/Guardian Signature _____ Date _____

