



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

*School Year*  
**2025-2026**

## Beekman Teen Council

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 in other sections of this packet.

Parent/Guardian Signature Date