



## City of Beacon Recreation 2019 Multi Sport Camp



A multi-sport camp, designed to provide children an opportunity to develop good character, learn valuable life skills, discover new interests, and make new friends.

### Program Dates 2019

<b>Week 1:</b>	<b>July 15<sup>th</sup> – July 19<sup>th</sup> Mon-Fri</b>	<b>8:00 am – 12:30 pm</b>
<b>Week 2:</b>	<b>August 5<sup>th</sup> – August 9<sup>th</sup> Mon-Fri</b>	<b>8:00 am – 12:30 pm</b>

- Camp Coordinators are RMS Phys Ed. Teachers Mr. McPartland & Mr. Mullins
- **Registration is open to students enrolled in grades 4<sup>th</sup> to 8<sup>th</sup>**
- Camp will be held at Memorial Park & Rombout Middle School depending on weather
- Students should bring snacks and water jugs with them each day as several breaks are built into the schedule
- **Questions can be directed to [McPartland.a@beaconk12.org](mailto:McPartland.a@beaconk12.org)**

### ***Program Information***

*A resident means you address pays City of Beacon Property Taxes*

**City of Beacon Residents \$100.00** by July 5

**Non Residents \$120.00** by July 5

Return check fee is \$20 • • Checks Payable to:

**Mail in or Drop off:  
Check or money order  
CITY OF BEACON  
23 West Center Street  
Beacon, NY 12508**

**OR**

**PayPal/ Major CC**  
available in person at the Rec Center  
Stop by with your completed form to pay

Questions? Contact the Beacon Recreation Department at 765-8440 or info online at [cityofbeacon.org](http://cityofbeacon.org)

<b>Office Use Only</b>	Register Code: RECFEE	Rec'd by:
Total Fees Paid: \$	Money Order#	Check#

# City of Beacon Recreation Multi Sport Camp 2019 Registration

Mail completed form to:  
City of Beacon Recreation  
23 West Center Street  
Beacon, NY 12508

Week 1  July 15<sup>th</sup> -19<sup>th</sup>  
Mon-Fri

Week 2  August 5<sup>th</sup> – August 9<sup>th</sup>  
Mon-Fri

Child's Name:	Date of Birth:	Age:
School Attended:	Grade in Sept.:	

## Parent/ Guardian Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email:	

## Emergency Contact Information

Contact:	Phone:
Alternate Contact:	Phone:

## Medical Information

Medical Insurance Carrier:	Policy Number:
Family Physician:	Phone:
Prescriptions/ Medications:	
Allergies, Existing Physical Conditions and/or Limitations:	
Additional Info:	

<b>Office Use Only</b> <a href="http://cityofbeacon.org">cityofbeacon.org</a>	Register Code: RECFEE	Rec'd by:
Total Fees Paid: \$	Money Order#	Check#

# The City of Beacon

1 Municipal Plaza Suite 4  
Beacon, NY 12508

## WAIVER and RELEASE of LIABILITY

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment to enable me to participate in outdoor recreation activities, and/or transportation to and from such activities I agree as follows:

I fully understand and acknowledge that: (1) risks and dangers exist in my use of the specified equipment and my participation in such activities: (2) these risks and dangers may be caused by the conduct of the City of Beacon, its officers, directors, employees and volunteers, the conduct of the participants, the conduct of others, accidents, breaches of contract, forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (3) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by conduct of the City of Beacon, its officers, directors, employees and volunteers, or by any other person relating to such activities.

I, on behalf of myself, my personal representatives, and my heirs voluntarily release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, action or losses for bodily injury, property damage, wrongful death, loss services or otherwise which may arise out of my use of equipment or my participation in the proposed activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

Please note: While participating in the forgoing activities offered by the City of Beacon, The City's officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

Outdoor recreation activities are an athletic activity and require a certain amount of physical fitness. Anyone with wrist, arm, shoulder, neck, back, leg or knee problems should consult their physician before participating in the above mentioned activities. Any person requiring medication must bring the necessary medication with them and inform the City of Beacon, its officers, directors, employees and volunteers of said requirement before beginning the above mentioned activities.

I hereby consent to and authorize treatment for any medical emergency which may occur during participation in the City of Beacon Outdoor sports activities. Recognizing this possibility I hereby consent to emergency transportation and treatment necessary in the event of illness or injury.

I authorize and agree to the reasonable and proper use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include the image of the participant.

I have read the above waiver and release, and by signing it agree it is my intention to release the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

**PARTICIPANT NAME:** \_\_\_\_\_  
(FIRST NAME MIDDLE INITIAL LAST NAME)

**PARTICIPANT ADDRESS:** \_\_\_\_\_  
(STREET CITY STATE ZIPCODE)

**PARTICIPANT DOB:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PARENT OR GUARDIAN NAME:** \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_  
**PARTICIPANT SIGNATURE IF PARTICIPANT IF OVER THE AGE OF 18**

Name	Session
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