

**Town of Beekman Recreation and Parks  
Teen Event  
INFORMATION**



**Who:** Tweens and teens in grades 6-12

**What:** Snow Tubing

**Where:** Thomas Bull Memorial Park in Orange County

**When:** Feb. 4, 2017

**Arrival time:** 9:00 am                      **Arrival Location:** Beekman Rec

**Pick up time:** 1:45 pm                      **Pick-up Location:** Beekman Rec

**Fee:** \$35 Resident/\$40 NonResidents - Covers the cost of Admission to the Park, 2 Supervisory Rec staff, and Bus Transportation provided by an Arlington School District bus

**Discount if you meet our challenge:** \$5 off to any teen that gets a friend to register who is NOT in the Rec's registration system (meaning they have not been registered for any programs since 2010); both you and the friend get \$5 off the full day!

**How: Return to Rec Office by Monday, Jan. 23<sup>rd</sup> the following:**

- The permission slip below
- **\$ 35.00 /\$40.00** or \$30/\$35 if you qualify for the discount (must arrange with Rec Office)
- The 2016-17 Year Youth & Teen Information form if you have not already submitted one
- The Program Behavior Guidelines if you have not already submitted one

**Other Info:** Bring own spending money for food and drinks (no food or drink is allowed to be brought into the park)

- Dress in appropriate snow attire for outside fun (hat & gloves, etc)
- A minimum of 26 participants are needed or trip will be canceled

-----**PERMISSION SLIP: tear off and return**-----

I give permission for my son/daughter \_\_\_\_\_ to attend the Beekman Recreation snow tubing trip to Thomas Bull Memorial Park on Feb. 4<sup>th</sup>, 2017 as described above, and agree to follow the rules of the Beekman Rec. I also understand that it is the parent/guardian's responsibility to make transportation arrangements to and from the Beekman Rec. I give permission to include my child in any photos that may be taken in conjunction with this program, and to the Town of Beekman to obtain necessary medical treatment for my child in the event of an emergency with the understanding that the family will be notified as soon as possible

My teen:

\_\_\_ needs no medication

\_\_\_ should have the medications listed below and provided by me in the original containers: *All medications must be in the original container that is placed in a zip-lock bag with the teen's name & directions for administering & turned over to Town of Beekman staff member upon arrival*

In the event of an emergency I can be reached at: \_\_\_\_\_  
Phone numbers

If I cannot be reached, please contact: \_\_\_\_\_ at: \_\_\_\_\_  
Name Phone numbers

\_\_\_\_\_  
Parent/Guardian signature Cell phone numbers Date

\_\_\_\_\_  
Teen Participant signature Cell phone number