



TOWN OF BETHLEHEM PARKS & RECREATION



SCREAMS CLUB

Students Craving Really Exciting Activities in Middle School

The SCREAMS Club is a series of supervised monthly recreational events for middle school students who reside in the Town of Bethlehem or the Bethlehem School District. Activities and events may include; Roller/Ice skating, trips to Movie Theaters, Bowling, YMCA, etc. Membership is for the current school calendar year (September-June). Once you become a member you will receive email notifications of upcoming events and may register online by visiting the SCREAMS Club page at townofbethlehem.org.

* New this year we will be limiting our group size per NYS guidelines during the COVID-19 Health Pandemic. *

Required: Parents, please read and review with your child all club rules and sign the form below. This form must be returned to the Parks and Recreation Office prior to your participation; 261 Elm Avenue, Delmar, NY 12054.

CLUB RULES

STUDENTS ARE EXPECTED TO:

1. Exhibit courteous behavior toward others at all times.
2. No Bullying.
3. Cooperate with all chaperones, bus drivers and staff of the venues that we visit.
4. When traveling on a bus to an event you must REMAIN SEATED WHILE THE BUS IS IN MOTION!! STATE LAW!
5. Refrain from use of profane language, tobacco products, alcohol or other drugs.
6. Failure to observe any of these rules will result in forfeiture of membership.



I have read, understand and will follow the SCREAMS Club rules listed above:

_____ (Grade _____) has my permission to go on SCREAMS trips
(Student name, print legibly)

sponsored by the Bethlehem Parks and Recreation Department during the 2020-2021 season. I have read and understand the above rules and agree to support their enforcement. In the event of an accident or injury, I understand that the Town of Bethlehem, its Officers or Chaperones, are not responsible for payment of any expenses. Should an accident or injury occur, I hereby authorize the SCREAMS Club Advisor to sign for normal emergency procedures to be performed if I cannot be contacted. Also, I hereby agree to assume full responsibility for any additional transportation cost incurred by reason of any injury to my child.

_____ (h) _____ (cell) _____
Date Phone #(s) Parent/Guardian Signature

Student Address: _____ **Zip:** _____ **Date of Birth:** _____

Email Address: _____
This email address will receive monthly event information

Check this box if you DO NOT want pictures of your child being used for promotional purposes.