



Students Craving Really Exciting Activities in Middle School

AKA....SCREAMS CLUB

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; Themed Dances, Roller/Ice skating, trips to Great Escape, Movie Theaters, Bowling, YMCA, Indoor Water Parks, etc. Club membership is \$10 and is required in order to attend and participate in any/all events. Membership covers the current school calendar year (September-June). Once you become a member you will receive email notification of upcoming events and may register online for all future events by visiting the SCREAMS Club page at townofbethlehem.org.

Required: Parents, please read and review with your child all club rules and sign the permission waiver below. This form with \$10 payment must be returned to the Parks and Recreation office prior to your participation; 261 Elm Avenue, Delmar, NY 12054. Checks made payable to the Town of Bethlehem.

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 & Initial)

sponsored by the Bethlehem Parks and Recreation Department during the 2018-2019 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.

Date (h) Phone #(s) (cell) Parent/Guardian: Print Name and Initial

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.