



Towns of Livonia & Conesus Summer Recreation

Program runs Monday June 25th through Friday, August 3rd

Suggested donation is \$60 per child for residents ~ \$95 for non-residents

There will be NO program on Wednesday, July 4th (holiday)

Program from 9AM until noon

There are two ways to register:

Mail Registration and donation(s) by June 14th to:

Town of Livonia Recreation

PO Box 43

Livonia, NY 14487

Attn: Craig Emmerling Cell 585-329-6700

Or, attend Open Registration at the Livonia Town Hall:

Saturday, May 19th from 9-11am

Elementary School Cafeteria & playground are the program sites for students age 4 to 2nd grade, Connell School Cafeteria & playground are the program sites for students entering grades 3-8

Tennis Lessons are available to any student in the program at a suggested donation of \$40 per student. They will be held at the Connell Building courts and taught by counselors who have participated in High School Varsity level tennis.

Field trips will be offered on Thursdays for an additional charge. Permission slips will be handed out the Friday before the trip. We play sports and playground games, Field trips with beaches and rides, Drama and music.

This program is not a Livonia Central School District program. Procedures, supervision, and insurance for children participating in this event are the responsibility of the Towns and the parents. The distribution of this flyer by LCSD is for informational purposes and in no way should it be considered that the school district endorses the Town Program and it's philosophy. Finally, the Town realizes that LSCD reserves the right to withhold distribution of these materials.

TOWNS OF LIVONIA & CONESUS SUMMER RECREATION

REGISTRATION FORM

Please make checks payable to "Town of Livonia"
Suggested recreation program donation ~ \$60 per child for residents ~ \$95 for non-residents
Tennis lessons ~ \$40 per child
Please attach additional sheets for additional participants

Child #1

Name: _____ DOB: _____

Grade in September 2018: _____ Circle One: Tennis 9:30-10:30 am 10:30-11:30am

Allergies/Medical needs: _____

Child #2

Name: _____ DOB: _____

Grade in September 2018: _____ Circle One: Tennis 9:30-10:30 am 10:30-11:30am

Allergies/Medical needs: _____

Child #3

Name: _____ DOB: _____

Grade in September 2018: _____ Circle One: Tennis 9:30-10:30 am 10:30-11:30am

Allergies/Medical needs: _____

Contact Information:

Parents/Guardians Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

Emergency Contact and Phone Number _____

I give my permission for my child (ren) to participate in any and all activities, including transportation to and from locations and other towns. I understand that participation in recreational activities may result in injury to participants, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Recreation Commission, Director, Local Municipality, Supervisors, Volunteers, Participants, and Persons transporting my child (ren) whether the result of negligence or for any other cause, except permitted by law and in the amount covered by accident or liability insurance.

Check here if you do not want your child's photograph published on the town website or in conjunction with news articles on recreation programming

Signature _____ Date _____

Additional forms downloadable at www.livonianyny.org through the recreation page
The Town of Livonia's Summer Recreation Program is not affiliated with the Livonia Central School District