



Towns of Livonia & Conesus Summer Recreation Open to all students grades K through 8th

Program runs Wednesday June 26th through Thursday, August 1st

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

There will be NO program on Thursday and Friday July^{4th} and 5th (holiday)

Program from 9AM until noon

Mail Registration and donation(s) by June 20th to:

Town of Livonia Recreation

PO Box 43

Livonia, NY 14487

Attn: Craig Emmerling Cell 585-329-6700

*** No open registration at the Livonia Town hall only drop off.**

All programs will be held at the Livonia Central School Elementary Cafeteria and gym and playground.

All summer programs will be at Elementary Cafeteria with drop off and pickup there excepts Thursday's will be at Minnehans Fun Center from 9AM until 12:30

, There will be some bus trips on Thursdays to Seabreeze and Movies there will be a extra cost for field trips, ' grades K through 8th grade.



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 town and the parents. The distribution of the flyer by LCSD is for informational purposes and in no way should it be 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 check payable to "Town of Livonia"
Suggested recreation program donation ~ \$60 per child for residents ~ \$95 for non-residents
Tennis lessons (an additional donation suggested) ~ \$40 per child
Please attach extra sheet(s) for additional participants

Child #1

Name: _____ DOB: _____

Grade in September _____

Allergies/Medical needs: _____

Child #2

Name: _____ DOB: _____

Grade in September _____

Allergies/Medical needs: _____

Child #3

Name: _____ DOB: _____

Grade in September _____

Allergies/Medical needs: _____

Contact Information:

Parents/Guardian's 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.

checkbox

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.livonianity.org through the recreation page
The Town of Livonia's Summer Recreation Program is not affiliated with the Livonia Central School District