

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

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.

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.livoniainy.org through the recreation page

The Town of Livonia's Summer Recreation Program is
not affiliated with the Livonia Central School District