

# Town of Avon Summer Recreation 2024

## Registration Information

**WHO:** Children entering Grades K - 6 in Sept 2024

**WHAT:** Children will participate in outdoor activities, arts & crafts, games & special events

**WHERE:** Avon High School \*please note location change for this year\*

**WHEN:** Tuesday July 2<sup>nd</sup> - Friday August 9<sup>th</sup> from 9:15 - 11:55AM  
(please no drop off earlier than 9AM)

**\*\*NOTE Summer Recreation will be closed Thursday July 4<sup>th</sup>\*\***

**\*Completed forms are due by June 7<sup>th</sup>\***

NEW THIS YEAR there are 3 options to submit forms

1: submit completed paper form to Avon Town Offices

2: email completed form to [recreation@avon-ny.org](mailto:recreation@avon-ny.org)

\*Please write legibly - we will be communicating via email so please make sure we have a legible email

3: register online by using the QR code



**JOIN OUR TOWN OF AVON RECREATION FACEBOOK PAGE OR  
THE REMIND APP FOR UPDATES!! (TO JOIN THE REMIND APP,  
TEXT @TOWNOFVAV AND ENTER THIS NUMBER: 81010)**

# Town of Avon Recreation Registration Form 2024

## REGISTRATION DUE BY JUNE 7<sup>th</sup> 4:00 PM

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ School Attending \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

### Participant Information: (please check all that apply and fill out session)

Name: \_\_\_\_\_ M F DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Grade in Sept. 2024: \_\_\_\_\_

Medical Limitations/Allergies: \_\_\_\_\_ ( ) None

Name: \_\_\_\_\_ M F DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Grade in Sept. 2024: \_\_\_\_\_

Medical Limitations/Allergies: \_\_\_\_\_ ( ) None

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Medical Limitations/Allergies: \_\_\_\_\_ ( ) None

Name: \_\_\_\_\_ M F DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Grade in Sept. 2024: \_\_\_\_\_

Medical Limitations/Allergies: \_\_\_\_\_ ( ) None

Medical Insurance: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

**\*\*Summer Recreation Employees are NOT allowed to administer or carry medications of any kind for any participants. Medications including EpiPens are the sole responsibility of the participant and they must know how to administer it themselves\*\***

I/We the parents or guardians of the participant in the Avon Summer Recreation Programs, give permission for my son/daughter to participate in any and all activities. To the best of my knowledge, my child/children is/are physically and mentally fit to participate in this program. Recognizing the possibility of physical injury associated with this program, I hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated municipalities, employees and associated personnel, including the owners of the facility, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program whether the result of negligence or for any other cause

Signature of Parent/Guardian Required: \_\_\_\_\_

Sponsored by Town of Avon Recreation Program, 23 Genesee Street, Avon, New York 14414 [www.avon-ny.org](http://www.avon-ny.org)

Questions or comments email Town of Avon Recreation at [recreation@avon-ny.org](mailto:recreation@avon-ny.org)

Board Members: Emily Cosimano, Kelly Greenway, Allison Hayes, Kelly Montague, Jody Rumfola