## Town of Avon Summer Recreation 2025

## Registration Information

WHO: Children entering Grades K - 6 in Sept 2025

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

special events

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

WHEN: Monday June 30th-Friday August 8th from 9:15 - 11:55AM

(please no drop off earlier than 9AM)

\*\*NOTE Summer Recreation will be closed Friday July 4th\*\*

\*Completed forms are due by June 6th\*

There are 3 options to submit forms:

1: submit completed paper form to Avon Town Offices

2: email completed form to <a href="mailto:recreation@avon-ny.org">recreation@avon-ny.org</a>

\*Please write <u>legibly</u> - 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 @TOWNOFAV AND ENTER THIS NUMBER: 81010)

## Town of Avon Recreation Registration Form 2025 REGISTRATION DUE BY JUNE 6th 4:00 PM

Parent/Guardian:	Cell Phone:		
Street Address:	City, Zip:		
	School Attending		
Emergency Contact & Phone Num	er:	<u> </u>	
	ck all that apply and fill out session)		
Name:	M F DOB:/_/_ Age: Grade in Sept. 202	25:	
Medical Limitations/Alle	gies: ( ) None		
Name:	M F DOB:/_/_ Age: Grade in Sept. 202	25:	
	gies: ( ) None		
Name:	M F DOB:// Age: Grade in Sept. 202	25:	
Medical Limitations/Alle	gies: ( ) None		
Name:	M F DOB://_ Age: Grade in Sept. 202	25:	
	gies: ( ) None		
Medical Insurance:	Policy/ID#:		
**Summer Recreation Emplo	ees are NOT allowed to administer or carry medications	of any	
kind for any participants.	edications 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	n the Avon Summer Recreation Programs, give permission for my son/daughter to participat	te in any and	
all activities. To the best of my knowledge, my	nild/children is/are physically and mentally fit to participate in this program. Recognizing the	possibility	
	hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated munic	•	
• •	he 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	Triegligence of for any other cause		
Signature of Parent/Guardian Regu	ed:		