Summer Recreation 1/2 Day Program Registration

Dates: Weekly (M-F) starting July 9—Aug. 17
Time: 8:30am—12:00pm
Ages: 5-12 years (must be 5 years old by July 1)
Location: FLX Welcome Center—Community Room
Coordinator: Toni Shama
Registrations: Must be registered at City Hall by the previous Friday to be able to attend the proceeding Monday session. A $10 late fee will be added for "Day of" registration

Weekly Camp Full Week Fee: $60.00 per week City/Town/ $70.00 per week Non-Residents

Child's Name_____

	Resid.	Non	Late Fee	Date Paid
	$60.00	$70.00	$10.00	
____ Week 1 - July 9-13th	_____	_____	_____	_____
____ Week 2 - July 16-20th	_____	_____	_____	_____
____ Week 3 - July 23-27th	_____	_____	_____	_____
____ Week 4 - July 30-August 3rd	_____	_____	_____	_____
____ Week 5 - August 7-10th	_____	_____	_____	_____
____ Week 6 - August 13-17th	_____	_____	_____	_____

REGISTRATION FORM

Geneva Recreation Department

Return forms and payment to: Geneva Rec. Dept. 47 Castle St. Geneva, NY 14456

CLASS: **Summer Recreation Program** DOB _____

PARTICIPANTS NAME_____ Age, if under 18 _____

GUARDIANS NAME (if under 18yrs.) _____

ADDRESS_____CITY_____RES._____NON-RES_____

HOME PHONE_____CELL PHONE_____EMAIL ADDRESS_____

_____ Yes, please notify me via phone or email that my registration has been received by your department.

PLEASE READ AND SIGN THE FOLLOWING: I HEREBY RELEASE THE CITY OF GENEVA AND IT'S INSTRUCTORS FROM FULL RESPONSIBILITY IN CASE OF ACCIDENT, DAMAGE, LOSS OR LIABILITY WHICH MAY ARISE BECAUSE OF MY PARTICIPATION IN THIS PROGRAM. I UNDERSTAND THAT SHOULD THIS ACTIVITY RESULT IN INJURY, IT IS MY OBLIGATION TO USE MY OWN RESOURCES IN TREATMENT OF THE INJURY.

SIGNATURE_____DATE_____

MEDIA RELEASE—I, the undersigned, hereby authorize the Geneva Recreation Department and employees, to photograph my child, during the 2018 Summer Recreation Program from July-August 2018. I authorize the use of any such photos or electronic reproductions of my child for the purpose of the Summer Recreation Program's publications,

including websites, or other paper or electronic forms or media. (I understand that I may be identifiable from such photographic or electronic reproductions) Agreed and accepted by:

Print Name_____

Signature_____Date_____