Farmington Summer Recreation June 29 - August 7, 2020

Registration Dates:

There will be four scheduled registration sessions for our Summer Recreation program. Each session will be held from 5:00 - 6:30 pm at Mertensia Road Park. Farmington residents will have priority and then we will have open registration. You must have a registration form for <u>EACH</u> child, along with immunizations and payment at time of registration

Registration Dates TBD due to Covid 19

Total number of registrants will be limited to:

Mertensia Road Park:	150
Pumpkin Hook Park:	100
Town Park:	100
Farmbrook Park:	100

Registration will be closed on July 10th.

Program Information:

- © Parks: Town Hall, Farmbrook, Pumpkin Hook & Mertensia Rd.
- © The Town of Farmington Recreation Program is a fair weather program.
- ③ **Tot Program:** for children age 4 (half day program)
- © Regular Program: for ages 5-16
- © **Program Hours:** 9:00 am 4:00 pm, Monday through Friday (*There will be no program on Friday, July 3rd*)
- © Lunch Supervision Noon to 1 P.M.
- © Campers must provide their own lunch each day!

Fees:

Town of Farmington Residents:

\$90.00/tot \$155/1 child \$265/2 children \$385/3 + children

Outside the Town of Farmington:

\$100.00/tot \$195/1 child \$325/2 children \$425/3 + children

(Checks made payable to Town of Farmington)

Questions ???

For further information on recreation programs please see our website at <u>www.townoffarmingtonny.com/recreation_department</u> or email us at <u>info@farmingtonrecreation.com</u>.

Farmington Summer Recreation Program 2020 Registration Form					
	(<u>one regis</u>	tration form per Chil	Registration ree.	Outside the Town of Farmington:	
			\$90.00/tot \$155/1 child \$265/2 children \$385/3 + children	\$100/tot	
CHECK ONE:	-	Mertensia Road ParkFarmbrook Park			
Parent(s) Name:					
Complete Home A	ddress:				
Home Phone:		Cell Phone:	Work Phon	e:	
Email Address					
Child Participatin	g (One Registration)	per form)			
1		Age			
T-shirt size:	ys ym yl yxl a	as am al axl			
□ Provided cop	oy of Immunization	l			
□ My son/daug	hter(s) have my pe	ermission to walk/ride	their bike to Summer	Recreation	
Medication or med	ical problems that we	should be aware of: (inclu	des ADHD, Allergies, Leari	ning problems etc)	
Emergency Conta	act & Phone Number				
Person's Name & Phone #:	Relationship:				
Work numbers to			Cell Phone:		
	Mother:		Cell Phone:		
voluntarily assume on beha from any liability or injury t the Town of Farmington Re	If of my child any risk attendant t that may occur through my child creation Department carries no li	to such participation and activities. I s participation in any of the Recreation ability or accident insurance. In the o	e Farmington Recreation Summer Prog urther release the Town of Farmington, n Department activities. I further under vent that my child is injured, I authorize v be responsible to pay the cost of such of	its supervisors or instructors rstand and acknowledge that e the party or person in	

the Town of Farmington Recreation Department carries no liability or accident insurance. In the event that my child is injured, I authorize the party or person in charge of my child's activity to seek medical care. I acknowledge and understand that I will solely be responsible to pay the cost of such care. Finally, I acknowledge that I have been warned and have been explained the perils and risks of injury that may arise from my child's participation in the Farmington Summer Recreation Program. I understand that photos and/or videos may be taken during summer camp for use by Farmington Recreation and agree to allow these photos to be used for publication.