



Cairo Summer Recreation 2026

It is time for another fun-filled summer at Angelo Canna Town Park with Cairo Summer Recreation!

Program Schedule and Activities

Our six-week program runs Monday through Friday from 9:00 AM to 11:45 AM, beginning July 8, 2025. Please note that hours may vary on certain field trip days. We offer supervised educational and recreational activities for children ages 5 through 12, as well as supervised park and field games for campers up to age 14.

Fees and Eligibility

The program is free for residents of the Town of Cairo and its Hamlets. Non-residents may join for a seasonal fee of \$50.00 per child, plus the cost of field trips.

Registration Process

Registration packets will be available starting June 4th at the Town Clerk's office or online via the Town website. Please return all completed packets and required forms to the Town Clerk's office. Registrations cannot be accepted at the school.

Program Information and Updates

A daily event calendar will be provided on the first day of the program. For updates and sneak peeks, please join our closed Facebook group. Contact the Program Director for access.

Contact Information

If you have any questions, please contact Janet McKeon, Program Director, at 518-423-9934. Welcome to Summer Rec! The counselors and I look forward to a safe, fun summer with you. See you in July!

*Cairo Summer Recreation is a NYS Health Department licensed summer camp.

Cairo Summer Recreation Program

July 8th - August 14th

2026 Registration Packet

Child's Name _____

Date of Birth _____ Grade entering in the fall _____

Address _____

Parent/Guardian Contact

Name _____

Address (if different from child)

Phone _____ Cell Phone _____

Email _____

Authorized Pickup and Emergency Contact

Name _____

Relationship to child _____

Phone _____

Cell Phone _____

Name _____

Relationship to child _____

Phone _____

Cell Phone _____

Child's Medical Information**

Insurance Group Name _____ Insurance ID number _____

Physician's Name _____ Phone _____

List any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders, that counselors should be aware of. Use a separate sheet if necessary.

****Provide copy of child's current immunization record**

I give permission for my child to ride a bike*, walk, or skate* to and from Cairo Summer Recreation independently. *A helmet must be worn.

- Yes
 No

I give permission for my child to be photographed for local newspaper articles and displays at community events.

- Yes
 No

I, _____, being the parent/guardian of _____, consent to their participation in the Cairo Summer Recreation Program, including all off-site field trips.

Parent/Guardian Signature

Please carefully read and sign the following release:

Cairo Summer Recreation Release and Waiver of Liability and Indemnity Agreement

Parent/Guardian Agreement

1. I hereby give permission for my child or children to attend the Cairo Summer Recreation (CSR) program operated by the Town of Cairo and to participate in all activities that are part of the program.
2. I agree to abide by all rules of the recreation program listed in this registration packet and to instruct my child(ren) to abide by all program rules, whether listed here or communicated by CSR staff.
3. I understand that the Cairo Summer Recreation Program reserves the right to terminate services offered to my child for any reason that, in its independent judgment, makes such a decision appropriate, including but not limited to insufficient enrollment, inclement weather, behavioral issues, or a lack of resources to fund the program.
4. I understand that there is an unavoidable risk of injury for any child participating in outdoor sports such as kickball, basketball, races, swimming, and similar activities. I hereby release, waive, discharge from liability, and agree not to sue the Cairo Summer Recreation Program, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or to the undersigned's children and all of their personal representatives, assigns, heirs, and next of kin (hereinafter referred to as "releasers") for any loss or damage, and from any claim or demand therefor on account of any injury to the releasers or damage to property, or resulting in the death of the releasers, whether caused by the negligence of the releasees or otherwise, while the releasers or their children are in, upon, or about the premises or any facilities or equipment where the program is taking place, or while participating in any program affiliated with CSR.
5. I understand that there is an unavoidable risk of exposure to COVID-19 and/or other contagious illnesses as a result of people gathering in groups. Releasers hereby release, waive, discharge, and agree not to sue releasees from all liability to the releasers for any loss or damage, and any claim or demand therefor on account of any illness or injury suffered by any releasers, whether caused by the negligence of the releasees or otherwise, while the releasers are in, upon, or about the premises or any facilities or equipment therein, or while participating in any program affiliated with CSR.
6. I further expressly agree that this Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I have carefully read and am voluntarily signing this Release and Waiver of Liability and Indemnity Agreement, and I agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of parent/guardian _____ Date _____