

OVER 30 HOCKEY REGISTRATION

Participant Information

NAME

DATE OF BIRTH

AGE

GENDER

ADDRESS

CITY

ZIP

PHONE

EMAIL

EMERGENCY CONTACT NAME/PHONE

MEDICAL INFORMATION OUR STAFF SHOULD KNOW

Choose Your Day & Session

☐ TUESDAY☐ THURSDAY

How Did You Hear About Us?

☐ Newspaper ☐ Social Media ☐ Website ☐ Word Of Mouth ☐ Flyer ☐ Other _____

Office Information:

West Seneca Youth & Recreation Office
 900 Mill Rd #211 West Seneca, NY 14224
 (P) 674-6086 (E) recdept1@twyny.org
 Website: www.westseneca.net
 Facebook "West Seneca Youth & Recreation"

IF SUBMITTING THIS FORM VIA MAIL, PLEASE ATTACH A COPY OF THE PARTICIPANTS VALID
 RESIDENT ID CARD TO RECEIVE THE RESIDENT RATE.

For Office Use Only

Amount Due: _____ Receipt Number: _____ ☐ Cash ☐ Check ☐ Credit Card
 Resident ID Card #: _____

OVER 30 – FALL 2017

The Town of West Seneca Recreation Department will be offering its Men's Over 30 Ice Hockey program once again. The program will be held at the West Seneca Ice Rink. There will be a Tuesday session and a Thursday session. Each program is limited to 35 participants each night. Class will be cancelled if enrollment is less than 15 participants. Participants must be 30 years of age by October 3, 2017. The program will be supervised by Recreation Staff. This program is intended to be Recreational and fun. There is no checking or referees. Program runs 10:35 PM – 12:00 AM.

Start Date: Tuesday October 3, 2017 Thursday October 5, 2017
 End Date: Tuesday December 5, 2017 Thursday December 14, 2017

Tuesday Dates: 10/3, 10/10, 10/17, 10/24, 10/31, 11/7, 11/14, 11/21, 11/28, 12/5
 Thursday Dates: 10/5, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/30, 12/7, 12/14

Registration Begins September 4, 2017 at 10:00 AM

Registration is due September 22, 2017 at 4:00 PM. After this date an additional \$5.00 late registration fee will be added to the program fee.

Program Fees (Price is per single session)

Resident* \$85
 Non-Resident \$100

**In order to receive the resident rate you must provide a valid resident ID card at time of registration.*

Resident ID cards can be purchased inside the Town Clerks office (1250 Union Rd) for more information please call 674-5600 or visit www.westseneca.net.

Text/Email Alerts

If you wish to receive updates or in the event that this program is canceled late minute due to a weather related issue or for any other reason you can sign up to receive a text or email alert.

To receive messages via text, text @over30 to 81010. You can opt-out of messages at anytime by replying, 'unsubscribe @over30'.

To receive messages via email, send an email to over30@mail.remind.com. To unsubscribe, reply with 'unsubscribe' in the subject line.

Refund Policy

Registration fees will not be refunded or adjusted should the participant fail to attend a class or program. Registration fees will not be refunded or adjusted if a class is canceled due to weather related issues. Classes are not required to be rescheduled if they are canceled for weather related issues. Refunds will only be issued in the event that the entire length of the class is canceled. All registration fees must be paid in full at the time of registration unless otherwise specified in the class or program description. Partial payments will not be accepted.

The Town of West Seneca reserves the right to deny a refund of registration fees should the participant wish to withdraw from the class prior to its scheduled start date.

I understand and accept these responsibilities understand and agree to abide by the Town of West Seneca Youth & Recreation Refund Policies.

Initials _____ Date _____

Photography and Video Policy

I authorize The Town of West Seneca Recreation Department to take photographs and video footage of me while I am participating in any programs being run by West Seneca Recreation. I understand these photographs and video footage will be used for marketing purposes, West Seneca Recreation Department Bulletins, West Seneca Recreation Brochures, postings on the West Seneca Recreation Department website, seen on TV's in local businesses, You Tube and other social networking sites.

Initials _____ Date _____

Release from Liability

I (participant name) _____ who will
be participating in the Town of West Seneca Youth & Recreation activities, I hereby agree as follows:

I assume full responsibility for, and total risk of, any injury, loss or damages (including injury to person or loss of property) sustained by me on the premises of Town of West Seneca as a result of my participation in a program, event or class. I further release The Town of West Seneca their affiliates and their directors, officers, employees, staff members, instructors, agents, independent contractors, volunteers and representatives (the "Releasees") from any claim whatsoever resulting from my participation in this program, event or class or on account of first aid treatment, emergency medical services or other services rendered to me during my participation in this activity. I hereby release, waive and forever discharge Releasees, from all liability to me, my Child, my spouse (if any), our respective legal representatives, heirs and assigns and any person claiming through or under myself of and from any and all present and future claims, demands, damages, actions or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, loss or theft of personal property or property damage that may occur as a result of my participation in this activity with The Town of West Seneca.

I HEREBY ASSUME ALL RISK RELATED TO MY PARTICIPATION OR MY PARTICIPATION IN THIS ACTIVITY AND RELEASE AND FOREVER DISCHARGE THE TOWN OF WEST SENECA AND ITS AGENTS, EMPLOYEES, VOLUNTEERS AND/OR STAFF FROM ANY RESPONSIBILITY, LIABILITY OR LOSS SUFFERED IN CONNECTION WITH THIS ACTIVITY.

I understand and accept these responsibilities. I understand and agree to abide by the Release from Liability, Town of West Seneca facility regulations, program rules and the Refund & On Site Policies.

Legal Name (print) _____

Legal Name (sign) _____ Date: _____

Consent for Medical Treatment

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself.

Legal Name (print) _____

Legal Name (sign) _____ Date: _____