TOWN OF WEST SENECA YOUTH & RECREATION

Let's Get Moving – Winter 2018

Welcome to West Seneca Youth & Recreation Department Let's Get Moving for ages 5-9. The class includes break out games and focuses on getting kids moving! The clinic will be held on various Wednesday nights from 6:00–6:50 PM in the Recreation Gym inside the Community Center located at 1300 Union Road, West Seneca, NY, 14224. There must be a minimum of 10 children registered in each session for the program to take place. Program space is limited. Register early to ensure your spot. Childs birthday must fall between 12/20/2008 – 11/7/2013.

West Seneca Town Board Approved 10/11/2018

West Seneca Youth & Recreation Contact Information:
Phone: 716-674-6086 **Website:** www.westseneca.net **Facebook:** West Seneca Youth & Recreation **Twitter:** WS_REC
Office Address: 1300 Union Road **Mailing Address:** 1250 Union Road, West Seneca, NY, 14224
Office Hours: Monday - Friday, between 9:00 AM - 5:00 PM (Closed Daily between 1:00 - 2:00 PM for lunch, Closed on select holidays
Registration is processed Monday-Friday 9:30-4:30

Program Dates: November 7, 2018 December 5, 2018 No Class: 11/21/2018
November 14 December 12
November 18 December 19

Program Fees (Price is per single session):
Resident* $30 Non-Resident $50

*In order to receive the resident rate you must provide a valid Resident ID Card, valid until the last date of the program. More information on how to obtain a Resident ID Card can be found at www.westseneca.net

Payment can be made via cash, check, money order or credit card. There is an additional fee for credit card payments. Checks can be made out to "Town of West Seneca". Check/ Money Order is the preferred method of payment.

Registration Information:
Registration Begins: Tuesday, October 23, 2018 at 10:00 AM
Registration Ends: Friday, November 2, 2018 at 4:00 PM

Registration closes on the above listed end date and time. If there are less than 10 participants in the session will be canceled. You will be notified within five (5) business days of the registration end date. Late registration will be available if there are slots open. An additional Late Registration Fee of $10 will be added to each registration taken after the above "Registration End Date". If/When slots fill; no further registrations will be accepted regardless of the date. We do not pro-rate the fee in the event of late registration, regardless if the class has started or not.

How to Register
Mail to: Recreation, 1250 Union Road, West Seneca, NY, 14224
In Person: 1300 Union Road, West Seneca, NY - Monday through Friday between 9:30 AM - 4:30 PM
Registrations will not be accepted or processed if they are emailed, do not contain original signatures, do not contain payment or are not completed in full.

FILL OUT THE BELOW AND THE REVERSE SIDE WITH THE PLAYERS INFORMATION: - Required

PLAYER NAME:	
SPECIFIC NEEDS & ALLERGIES	
CHECK ONE:	0 NON-RESIDENT 0 RESIDENT ID CARD VALID # _____ 0 Expiration Date ___/___/___
Date of Birth	Month: _____ Date: _____ Year: _____ Current Age: _____ Gender: _____ *Childs birthday must fall between 12/20/2008 – 11/7/2013*
Home Address	
Phone Number	

PARENT #1 - PRIMARY PARENT OR GUARDIAN TO CALL DURING THE DAY

NAME:	FIRST: _____ LAST: _____
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO
PHONE #	
Email Address:	

PARENT #2 - WILL BE CALLED IF PRIMARY PARENT OR GUARDIAN IS UNREACHABLE FOR 10 MINUTES OR MORE

Name:	First: _____ Last: _____
Relationship:	Permission to Pick Up(Circle) YES NO
Cell Phone #	
Email Address:	

EMERGENCY CONTACT & ADDITIONAL PICK UP - WILL BE CALLED IF PARENT #1 AND #2 OR GUARDIAN IS UNREACHABLE IMMEDIATELY IN THE EVENT OF ILLNESS OR EMERGENCY. <u>THIS PERSON WILL BE AUTHORIZED TO PICK UP YOUR CHILD</u> BELOW IS A TABLE THAT SHOULD BE FILLED IN TO INCLUDE ANY PERSONS YOU WOULD LIKE TO HAVE PERMISSION TO PICK UP YOUR CHILD FROM THE PROGRAM. AT PICK UP, STAFF WILL BE CHECKING IDS TO ASSURE THAT THE APPROPRIATE PEOPLE ARE TAKING YOUR CHILD. IF A NAME IS NOT LISTED BELOW, STAFF WILL NOT RELEASE YOUR CHILD TO THAT PERSON.

ER #1/Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #2/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #3/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____

<u>THE PARENT OR GUARDIN MUST COMPLETE THE BELOW WITH THEIR NAME, NO OTHER PERSON CAN COMPLETE IT FOR HIM</u>

PRINT PLAYERS NAME (FIRST, MIDDLE, LAST)	PRINT PARENT/GUARDIN NAME (FIRST, MIDDLE, LAST)	PARENT/GUARDIN INITIALS	PARENT/GUARDIN SIGNATURE	DATE

Refund Policy - Required

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. If the class is canceled due to weather there will be no make-up session. Weather related closures can be found on our social media sites, listed in our contact information below.

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

Initials:		**Signature:**		**Date:**	

Photography and Video Policy

I authorize The Town of West Seneca Recreation Department to take photographs and video footage of me and/or my child 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		**Signature:**		**Date:**	

Release from Liability - Required

I will and/or My Child 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 and/or my child 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 "Releases") 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 Releases, 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 AND/OR MY CHILDS 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.

Initials		**Signature:**		**Date:**	

Consent for Medical Treatment - Required

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 and/or my child.

Initials		**Signature:**		**Date:**	

For Office Use Only - Fees Due In Full @ Time of Registration.

Total Paid:	Resident ID Card #	Cash, CC, Check or Money Order	Did you check birthday:	Employee Initials
Rec't #:	Resident ID Card Exp Date:	# on CC, Check or Money Order	Childs birthday must fall between 12/20/2008 – 11/7/2013	Other: