

TOWN OF WEST SENECA

TOWN SUPERVISOR
SHEILA M. MEEGAN
TOWN COUNCIL
EUGENE P. HART
WILLIAM P. HANLEY

LAUREN J. MASSET
RECREATION SUPERVISOR

TO:

Honorable Town Board / Town of West Seneca

FROM:

Lauren J. Masset

Recreation Supervisor

DATE:

October 2, 2018

RE:

Recreational Programs (CCL) Fall 2018

Kindly move to approve the below listed Recreation programs which will be held in the Youth Gym inside the Community Center & Library. More information regarding the programs is attached.

Programs:

- Team Players
- Youth Basketball
- Let's Get Moving

West Seneca Youth & Recreation reserves the right to cancel any program, at any time without notice for any reason including but not limited to weather, staffing levels, attendance levels, etc...

West Seneca Youth & Recreation
Mailing Address: 1250 Union Rd, West Seneca, NY 14224

Office Address: 1300 Union Rd, West Seneca, NY 14224

Telephone Number: 716-674-6086

Email: lmasset@twsny.org Website: www.westseneca.net Facebook: West Seneca Youth & Recreation

Twitter: WS_REC

TOWN OF WEST SENECA YOUTH & RECREATION

Team Players - Winter 2018

Welcome to West Seneca Youth & Recreation Department. The Team Players (co-ed) program is designed for children of all abilities. The Gym Class Hero in all of us will enjoy a variety of group games for ages 5-8 and 9-12. Games such as basketball, capture the flag, kickball, scooter hockey, soccer, spud, tag games, and more. The clinic will be held on various Thursday nights 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. For the 5-9 Session the child's birthday must fall between 12/21/2008-11/8/2013 for the 9-12 Session the child's birthday must fall between 12/21/2009-11/8/2009.

Mailing Address: 1250 Union Road, West Seneca, NY, 14224

Facebook: West Seneca Youth & Recreation

Twitter: WS_REC

Website: www.westseneca.net

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)

West Seneca Youth & Recreation Contact Information:

Registration is processed Monday-Friday 9:30-4:30

Phone: 716-674-6086

Office Address: 1300 Union Road

Program Dates: November 8, 2018 November 15 November 29		December 6, 2018 December 13 December 20	No Class: 11/21/18		
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 "Town of West Seneca". Check/ Money Order is the preferred method of payment.	
Registration Information Registration Begins: Tue Registration Ends: Friday	sday, Octo	ber 23, 2018 at 10:00 AM er 2, 2018 at 4:00 PM		-	
five (5) business days of each registration taken a do not pro-rate the fee i How to Register Mail to: Recreation, 1250 In Person: 1300 Union Registrations will not be	registratio after the al n the even O Union Ro oad, West accepted	n end date. Late registration will be availa bove "Registration End Date" for each sess t of late registration, regardless if the class ad, West Seneca, NY, 14224 Seneca, NY - Monday through Friday betw	able if there are slots open. An action. If/When slots fill; no further is has started or not. Yeen 9:30 AM - 4:30 PM ontain original signatures, do not	be canceled, those who signed up will be notified within diditional Late Registration Fee of \$10 will be added to registrations will be accepted regardless of the date. We contain payment or are not completed in full.	
PLAYER NAME:					
SPECIFIC NEEDS & ALLER	RGIES				
CHECK ONE:		0 NON-RESIDENT 0 RESIDENT ID CARD VALID # 0 Expiration Date//			
Date of Birth		Month: Date: Year: Current Age: Gender:			
Home Address					
Choose Your Session (Circle)		Ages 5-9 (6:00 – 6:50 PM) Birthday must be between: 12/21/2008-11/8/2013 Ages 9-12 (7:00 – 7:50 PM) Birthday must be between: 12/21/2005-11/8/2009			
PARENT #1 - PRIMARY P	ARENT OF	GUARDIAN TO CALL REGARDING PROGR	AM UPDATES, IN THE EVENT OF	AN ACCIDENT/INCIDENT/EMERGENCY/ILLNESS/ETC	
NAME:	FIRST:	IRST: LAST:			
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO				
PHONE #					
Email Address:					
PARENT #2 - WILL BE CA	LLED IF PR	IMARY PARENT OR GUARDIAN IS UNREA	CHABLE FOR 10 MINUTES OR MO	DRE	
Name:	First:	Last:			
Relationship:		Permission	to Pick Up(Circle) YES NO		
Cell Phone #					
Email Address:					

OR EMERGEN WOULD LIKE	I <mark>CY. <u>THIS P</u> TO HAVE PE</mark>	ERSON WIL RMISSION	L BE AUTHORIZED TO PICK UP YOUR	TO PICK UP YOU CHILD FROM THE	RENT #1 AND #2 OR GUARDIAI R CHILD BELOW IS A TABLE THA PROGRAM. AT PICK UP, STAFF AFF WILL NOT RELEASE YOUR CI	AT SHOULD BE FI WILL BE CHECKIN	LLED IN TO INCLUDE IG IDS TO ASSURE TI	ANY PERS	ONS YOU
ER #1/Add'l P					nip Phone #:		945 i 1930	.,	
ER #2/ Add'l F	Pick Up	Name:		Relationsh	nipPhone #:	***************************************			
ER #3/ Add'l F	Pick Up	Name:		Relationsh	nip Phone #:				
	THE P	ARENT OR	GUARDIN MUST (COMPLETE THE BE	ELOW WITH THEIR NAME, NO C	OTHER PERSON C	AN COMPLETE IT FO	OR HIM	
1 .	AYERS NAM IDDLE, LAST	. 1	PRINT PARENT/G (FIRST, MID		PARENT/GUARDIN INITIALS	PARENT	PARENT/GUARDIN SIGNATURE		DATE
is canceled du the event that program desc wish to withd can be found	ees will not te to weath t the entire ription. Par raw from th on our socia	be refunde er related is length of th tial paymen he class prio al media site	ssues. Classes are in class is canceled its will not be acce or to its scheduled es, listed in our co	not required to be I. All registration pted. The Town o start date. If the c ntact information	t fail to attend a class or program rescheduled if they are cancele fees must be paid in full at the if West Seneca reserves the right lass is canceled due to weather below. abide by the Town of West Sen	ed for weather re time of registrati It to deny a refur there will be no	elated issues. Refunc on unless otherwise Id of registration fee make-up session. W	ls will only specified s should t eather rel	be issued in in the class or he participant
Initials:	**************************************		Signature:			····	***************************************	Date:	~~-
being run by V	e Town of V West Seneca st Seneca Re	Vest Seneca Recreation	n. I understand the	ese photographs a	otographs and video footage of Ind video footage will be used f I eca Recreation Department web	or marketing pur	poses, West Seneca	Recreatio	n Department
Initials			Signature:					Date:	
I assume full r premises of To directors, offic whatsoever re- rendered to m our respective damages, acti- personal prop RELATED TO N AND ITS AGEN understand ar	My Child will esponsibility own of Westers, employesulting from the during meters on sor right erty or property AND/OR ITS, EMPLOY and accept the	I be participy for, and to the test seneral as yees, staff rown may participate sentatives, sof action, perty damage MY CHILDS YEES, VOLU ese respon	otal risk of, any inj s a result of my pa nembers, instructe ipation in this prog ion in this activity. heirs and assigns whether legal or ing ge that may occur PARTICIPATION C INTEERS AND/OR S	ury, loss or damag rticipation in a pro ors, agents, indep gram, event or cla I hereby release, and any person cla n equity, arising fr as a result of my p BR MY PARTICIPAT STAFF FROM ANY and and agree to	Youth & Recreation activities, I ges (including injury to person of person, event or class. I further a contractors, volunteers ss or on account of first aid trea waive and forever discharge Reaiming through or under myself om or by reason of any bodily it participation in this activity with TION IN THIS ACTIVITY AND RELIRESPONSIBILITY, LIABILITY OR Labide by the Release from Liabi	or loss of property release The Town and representati atment, emergen eleases, from all I f of and from any njury or persona on The Town of Wo EASE AND FOREV OSS SUFFERED IN	y) sustained by me a of West Seneca the ves (the "Releases") cy medical services iability to me, my Ch and all present and l injuries known or u est Seneca. I HEREBY ER DISCHARGE THE	ir affiliate from any or other so ild, my sp future cla nknown, l ' ASSUME TOWN OF	s and their claim ervices ouse (if any), ims, demands, oss or theft of ALL RISK WEST SENECA
Initials			Signature:					Date:	
	consent for	emergency			censed Doctor of Medicine or D f and/or my child.	octor of Dentistr	y. This care may be	given und	er whatever
Initials			Signature:					Date:	
For Office Use	Only - Fee:	s Due In Ful	II @ Time of Regis	tration.	en de la composition	its de l'action de		ternerelainaan prymery an englan	
Total Paid:		Reside	ent ID Card #		Cash, CC, Check or Money Or	der	Employee Initials		

Did you check the child's birthday?

Rec't #:

Resident ID Card Exp Date: Ages 5-9 (6:00 – 6:50 PM)

Birthday must be between: 12/21/2008-11/8/2013

on CC, Check or Money Order

Ages 9-12 (7:00 – 7:50 PM) Birthday must be between: 12/21/2005-11/8/2009

Other:

TOWN OF WEST SENECA YOUTH & RECREATION

Youth Basketball Clinic - Winter 2018

Welcome to West Seneca Youth & Recreation Department co-ed Youth Basketball Clinic for children ages 9-13. Each session will include the fundamental skills of dribbling, passing, positioning and shooting. Intramural play will take place at the end of each class. The clinic will be held on various Wednesday nights from 7:00 – 7:50 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. Birthday must fall between 11/7/2009-12/20/2004.

Facebook: West Seneca Youth & Recreation

Twitter: WS_REC

Website: www.westseneca.net

West Seneca Youth & Recreation Contact Information:

Phone: 716-674-6086

Office Address: 1300 Ur Office Hours: Monday - Registration is processed	Friday, bet	Mailing Address: 1250 Union Road, West Seneca, NY, 14224 etween 9:00 AM - 5:00 PM (Closed Daily between 1:00 - 2:00 PM for lunch, Closed on selectoriday 9:30-4:30	t holidays		
Program Dates: Novemb Novem Novem	ber 14	8 December 5, 2018 No Class: 11/21/2018 December 12 December 19			
*In order to receive the Resident ID Card, valid u	on-Resider resident ra Intil the las	nt \$50 Payment can order or cred ate you must provide a valid for credit car st date of the program. More information to "Town of N	be made via cash, check, money it card. There is an additional fee d payments. Checks can be made out Vest Seneca". Check/ Money oreferred method of payment.		
Registration Informatio Registration Begins: Tue Registration Ends: Friday	sday, Octo	ober 23, 2018 at 10:00 AM oer 2, 2018 at 4:00 PM			
days of registration end taken after the above "R event of late registration How to Register Mail to: Recreation, 125 In Person: 1300 Union R	date. Late Registration n, regardle O Union Ro oad, West	end date and time. If there are less than 10 participants in the session it will be canceled. Ye is registration will be available if there are slots open. An additional Late Registration Fee on End Date". If/When slots fill; no further registrations will be accepted regardless of the dess if the class has started or not. oad, West Seneca, NY, 14224 It Seneca, NY - Monday through Friday between 9:30 AM - 4:30 PM or processed if they are emailed, do not contain original signatures, do not contain payments.	of \$10 will be added to each registration ate. We do not pro-rate the fee in the		
	ND THE RE	EVERSE SIDE WITH THE PLAYERS INFORMATION: - Required	7		
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: Gend	er:		
Home Address					
Phone Number					
PARENT #1 - PRIMARY F	PARENT OF	R GUARDIAN TO CALL DURING THE DAY			
NAME:	FIRST:LAST:				
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO				
PHONE #	i e e e e e e e e e e e e e e e e e e e				
Email Address:					
PARENT #2 - WILL BE CA	LLED IF PR	RIMARY 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:	Ĺ				

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. THIS PERSON WILL BE AUTHORIZED TO PICK UP YOUR CHILD 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 #: Name: ______ Relationship _____ Phone #: _____ ER #2/ Add'l Pick Up ER #3/ Add'l Pick Up Name: ____ Relationship Phone #: THE PARENT OR GUARDIN MUST COMPLETE THE BELOW WITH THEIR NAME, NO OTHER PERSON CAN COMPLETE IT FOR HIM PRINT PLAYERS NAME PRINT PARENT/GUARDIN NAME PARENT/GUARDIN PARENT/GUARDIN SIGNATURE DATE (FIRST, MIDDLE, LAST) (FIRST, MIDDLE, LAST) INITIALS **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 **Employee Initials** # on CC, Check or Money Order Other: Rec't #: Resident ID Card Exp Date:

Birthday must fall between 11/7/2009-12/20/2004.

Did You Check the Birthday

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.

Mailing Address: 1250 Union Road, West Seneca, NY, 14224

Facebook: West Seneca Youth & Recreation

Twitter: WS_REC

Website: www.westseneca.net

West Seneca Youth & Recreation Contact Information:

Phone: 716-674-6086

Office Address: 1300 Union Road

Program Dates: November 7, 2018 November 14 November 18		December 5, 2018 December 12 December 19	No Class: 11/21/2018			
Program Fees (Price is Resident* \$30	per single s Non-Residen		Payment can be made via cash, check, money order or credit card. There is an additional fee			
*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			for credit card payments. Checks can be made out to "Town of West Seneca". Check/ Money			
Registration Informati Registration Begins: Tu Registration Ends: Frid	esday, Octo	ber 23, 2018 at 10:00 AM er 2, 2018 at 4:00 PM				
business days of the re registration taken after fee in the event of late How to Register Mail to: Recreation, 12 In Person: 1300 Union	gistration er the above ' registration 50 Union Ro Road, West	nd date. Late registration will be avai 'Registration End Date". If/When slo , regardless if the class has started o ad, West Seneca, NY, 14224 Seneca, NY - Monday through Friday				
FILL OUT THE BELOW A	ND THE RE	VERSE SIDE WITH THE PLAYERS INFO	RMATION: - 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: Gender:				
Home Address						
Phone Number						
PARENT #1 - PRIMARY	PARENT OF	GUARDIAN TO CALL DURING THE D	AY			
NAME:	FIRST: LAST:		LAST:			
		PERMISSION TO PICK UP(CIRCLE) YES NO				
RELATIONSHIP:						
RELATIONSHIP: PHONE #						
PHONE # Email Address:	ALLED IF PR	IMARY PARENT OR GUARDIAN IS U	NREACHABLE FOR 10 MINUTES OR MORE			
PHONE # Email Address:	ALLED IF PR		NREACHABLE FOR 10 MINUTES OR MORE Last:			
PHONE # Email Address: PARENT #2 - WILL BE C						
PHONE # Email Address: PARENT #2 - WILL BE C Name:			Last:			

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. THIS PERSON WILL BE AUTHORIZED TO PICK UP YOUR CHILD 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 ___ Relationship ___ Name: _____ Phone #: ___ Name: ______ Phone #: _____ ER #2/ Add'l Pick Up ER #3/ Add'l Pick Up Name: Relationship Phone #: THE PARENT OR GUARDIN MUST COMPLETE THE BELOW WITH THEIR NAME, NO OTHER PERSON CAN COMPLETE IT FOR HIM PRINT PLAYERS NAME PRINT PARENT/GUARDIN NAME PARENT/GUARDIN PARENT/GUARDIN SIGNATURE DATE (FIRST, MIDDLE, LAST) (FIRST, MIDDLE, LAST) INITIALS 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: Date: Signature: 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. **Employee Initials** Total Paid: Resident ID Card # Cash, CC, Check or Money Order Did you check birthday:

on CC, Check or Money Order

Childs birthday must fall between

12/20/2008 - 11/7/2013

Other:

Rec't #:

Resident ID Card Exp Date: