

TOWN OF WEST SENECA

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

TO:

Honorable Town Board / Town of West Seneca

FROM:

Lauren J. Masset

Recreation Supervisor

DATE:

November 26, 2018

RE:

Winter/Spring 2019 – Recreation Programs

Kindly move to approve the attached Recreation programs.

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. Maximum Class Capacity 20 sign ups. Birthday must fall between 1/16/2010-3/12/2005.

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

2019 Program Dates: January: 16, 23	N	lo Class: 1/30/2019		
February: 6, 13, 20, 27 March: 4, 11		0 Class. 1/30/2019		
Program Fees (Price is p Resident* \$30 No	er single s on-Resider		Payment can be made via cash, check, money order or credit card. There is an additional fee	
Resident ID Card, valid u	ntil the las	ate you must provide a valid at date of the program. More information and can be found at www.westseneca.net	for 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: Wed Registration Ends: Mond	dnesday, Ja	anuary 2, 2019 at 10:00 AM y 11, 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	registration will be available if there are slots open. An addit		
FILL OUT THE BELOW AN	ND THE RE	VERSE 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: Curren	nt Age: Gender:	
Home Address				
Phone Number				
PARENT #1 - PRIMARY F	PARENT OF	R GUARDIAN TO CALL DURING THE DAY		
NAME:	FIRST: _	FIRST: LAST:		
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO			
PHONE #				
Email Address:				
PARENT #2 - WILL BE CA	LLED IF PE	RIMARY PARENT OR GUARDIAN IS UNREACHABLE FOR 10 MI	NUTES 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. 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 ____ Phone #: ___ Name: ____ Relationship ____ Relationship ____ 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. Date: Initials Signature: 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 #:

Did You Check the Birthday

Resident ID Card Exp Date:

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

WINTER WARM UPS

CO-ED AGES: 18 YEARS OF AGE & OLDER

COST: FREE

TIME: 10:00 AM - 11:30 AM

DATES: JANUARY 1 – JUNE 1, 2019 ON SELECT DATES, THE BELOW PROGRAMS WILL TAKE PLACE. PROGRAM DATES WILL BE RELEASED ON A WEEKLY BASIS. PLEASE CHECK OUR WEBSITE FOR AN UPDATED LIST OF DATES.

DETAILS:

DAY*	PROGRAM*
(IF THE PROGRAM DATE, FALLS ON THIS WEEKDAY, THE LISTED	(IF THE PROGRAM DATE, FALLS ON THIS WEEKDAY, THE LISTED
PROGRAM WILL TAKE PLACE)	PROGRAM WILL TAKE PLACE)
MONDAY	PICKLEBALL (OPEN COURT)
TUESDAY/THURSDAY	LAPS (WALKING)
WEDNESDAY	OPEN ½ COURT BASKETBALL

^{*}PROGRAMS MAY NOT TAKE PLACE EACH DAY OF THE WEEK. PROGRAMS ONLY TAKE PLACE ON SELECT DATES, LISTED ON OUR WEBSITE. THE PROGRAM LISTED WILL TAKE PLACE THE WEEKDAY THE DATE FALLS ON.

IF THE WEST SENECA CENTRAL SCHOOL DISTRICT CANCELS SCHOOL AND/OR AFTER SCHOOL AND/OR EVENING ACTIVITIES DUE TO WEATHER; THIS PROGRAM IS CANCELED FOR THAT DATE. IF TOWN HALL AND/OR TOWN OFFICES ARE CLOSED THIS PROGRAM IS CANCELED FOR THAT DATE. WEST SENECA YOUTH & RECREATION RESERVES THE RIGHT TO CANCEL THIS PROGRAM AT ANY TIME FOR ANY REASON WITHOUT NOTICE. LAST MINUTE CLOSURES OR CANCELLATIONS CAN BE FOUND ON OUR SOCIAL MEDIA SITES.

CONTACT:

WEST SENECA YOUTH & RECREATION

ADDRESS: 1300 UNION ROAD, WEST SENECA, NY, 14224

PHONE: 716-674-6086

WEBSITE: WWW.WESTSENECA.NET

FACEBOOK: WEST SENECA YOUTH & RECREATION

TWITTER: WS REC

AND MORE. EACH THURSDAY THERE WILL BE A DIFFERENT PROGRAM THEME SUCH AS BASKETBALL, CAPTURE THE FLAG, SCOOTER HOCKEY, SOCCER, SPUD, TAG GAMES YOU MUST PRE-REGISTER. NO WALKS INS PARENTS/GUARDIANS MUST BOTH WALK THEIR CHILD IN/OUT AND SIGN THEIR CHILD IN/OUT OF THE PROGRAM. NEW YOUTH GYM ON SELECT THURSDAY EVENINGS FOR CO-ED YOUTH OPEN GYM. THE PROGRAM IS FREE BUT SPACE IS LIMITED TO 20 YOUTH PER SESSION WEST SENECA YOUTH & RECREATION HAS MOVED INTO OUR NEW HOME AT THE NEW COMMUNITY CENTER & LIBRARY (1300 UNION ROAD). JOIN US IN THE

FOR WHOM:

AGES 5-9

AGES 9 - 12

WHEN

FREE BUT SPACE IS LIMITED

PRE-REGISTRATION/SIGN UP REQUIRED

NO WALK INS

AGES 9 – 12: FOR AGES 9-12 THE PROGRAM WILL TAKE PLACE BETWEEN 7:00 – 7:50 PM ON THE BELOW LISTED THURSDAYS AGES 5- 9: FOR AGES 5-9 THE PROGRAM WILL TAKE PLACE BETWEEN 6:00 – 6:50 PM ON THE BELOW LISTED THURSDAYS.

<u>SELECT THURSDAYS JANUARY 1, 2019 – JUNE 1, 2019 – DATES WILL BE LISTED ON OUR WEBSITE</u>

HOW TO SIGN UP

- YOU MUST SIGN UP / PRE-REGISTER FOR THIS PROGRAM. SIGNS UPS ARE ON A WEEK BY WEEK BASIS.
- NO WALK-INS. THIS IS FOR STAFFING PURPOSES.
- FIRST COME, FIRST SERVE. THE MAXIMUM CAPACITY FOR THE PROGRAM IS 20 YOUTH PER SESSION.
- A FIRST COME, FIRST SERVE BASIS. BE PREPARED TO GIVE YOUR CHILDS VALID ID CARD NUMBER WHEN YOU CALL. CALLING DOES NOT GUARANTEE A ON OUR VOICEMAIL) THE WEEK BEFORE ON FRIDAY OR THE WEEK OF ON MONDAY, TUESDAY, WEDNESDAY OR THURSDAY. SPOTS ARE LIMITED AND ON VALID RESIDENT ID CARD HOLDERS CAN CALL OUR OFFICE (674-6086) DURING OUR REGULAR HOURS OF OPERATION (WE WILL NOT ACCEPT SIGNS UP
- **GUARANTEE A SPOT.** OUR VOICEMAIL) THE WEEK OF ON WEDNESDAY OR THURSDAY. SPOTS ARE LIMITED AND ON A FIRST COME, FIRST SERVE BASIS. CALLING DOES NOT NON-RESIDENT ID CARD HOLDERS CAN CALL OUR OFFICE (674-6086) DURING OUR REGULAR HOURS OF OPERATION (WE WILL NOT ACCEPT SIGNUPS ON
- PICKED UP. CHILDREN WILL NOT BE ADMITTED INTO OR RELEASED FROM THE PROGRAM WITHOUT A PARENT/GUARDIAN PARENTS/GUARDIANS MUST WALK THEIR CHILD IN/OUT AND SIGN THEIR CHILD IN/OUT OF THE PROGRAM EACH TIME THEY ARE DROPPED OFF AND/OR

PICK UP AND DROP OFF

- DOORS FOR THE PROGRAM OPEN 5 MINUTES BEFORE THE PROGRAMS SCHEDULED START TIME. THE PARENT/GUARDIAN MUST BE PRESENT WHEN THE DOORS OPEN OR THE YOUTH WILL NOT BE PERMITTED INTO THE PROGRAM.
- PICKED UP. CHILDREN WILL NOT BE ADMITTED INTO OR RELEASED FROM THE PROGRAM WITHOUT A PARENT/GUARDIAN. PARENTS/GUARDIANS MUST WALK THEIR CHILD IN/OUT AND SIGN THEIR CHILD IN/OUT OF THE PROGRAM EACH TIME THEY ARE DROPPED OFF AND/OR
- FAILURE TO PICK UP YOUR CHILD AT THE PROGRAM ENDS TIME (OR WITHIN 5 MINUTES OF THE PROGRAM END TIME) WILL RESULT IN YOUR CHILD NOT BEING ABLE TO PARTICIPATE IN THE PROGRAM FOR THE FOLLOWING THREE PROGRAM DATES. IT IS SUGGESTED PARENTS/GUARDIANS STAY IN THE

FOR THAT DATE. WEST SENECA YOUTH & RECREATION RESERVES THE RIGHT TO CANCEL THIS PROGRAM AT ANY TIME FOR ANY REASON WITHOUT NOTICE IF THE WEST SENECA CENTRAL SCHOOL DISTRICT CANCELS SCHOOL, AFTER SCHOOL OR EVENING ACTIVITIES DUE TO WEATHER; THIS PROGRAM IS CANCELED

OPEN 1/2 COURT BASKETBALL

CO-ED AGES: 13 - 17

COST: FREE

TIME: 2:15 PM - 4:45 PM

DATES: JANUARY – JUNE 1, 2019, ON SELECT DATES THE RECREATION YOUTH GYM WILL BE OPEN FOR ½ COURT BASKETBALL. DATES WILL BE LISTED ON OUR WEBSITE. CAPACITY IS LIMITED. FIRST COME, FIRST SERVE.

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