



# TOWN OF WEST SENECA

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

**TO:** Honorable Town Board / Town of West Seneca  
**FROM:** Lauren J. Masset  
Recreation Supervisor  
**DATE:** January 10, 2017  
**RE:** Recreation Program – Youth Basketball Winter 2017

Dear Honorable Town Board,

Kindly approve the attached Youth Basketball program for Winter of 2017.

Please note: Program/Event dates are subject to change or be canceled depending on facility usage, weather, program enrollment and various other factors.

Respectfully Submitted,

Lauren J. Masset  
Recreation Supervisor



Town of West Seneca Youth & Recreation

# YOUTH BASKETBALL PROGRAM

## Participant Information

NAME	Resident ID Card Number:	
DATE OF BIRTH	AGE	GENDER
ADDRESS		
CITY	ZIP	
PHONE		
EMAIL		
EMERGENCY CONTACT NAME/PHONE		
MEDICAL INFORMATION OUR STAFF SHOULD KNOW		

## 2017 YOUTH BASKETBALL - FALL

The Town of West Seneca Recreation Department will be offering a coed Basketball Clinic for children ages 8-13. Each session will include improving dribbling, passing and shooting skills. Intramural play will take place at the end of each class. Limited space is available in the class. The clinic will be held on various Wednesdays from 7:15 – 8:15 PM at East Middle (gymnasium).

There must be a minimum of 10 children registered in each session for the program to take place.

### Lesson Fees

#### Registration Starts 2/1/17 Ends 2/24/17

Registration is due October 25, 2016. After this date an additional \$5.00 late registration fee will be added to the program fee.

Resident*	\$20
Non-Resident	\$25

*\*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](http://www.westseneca.net)

You can mail this form with payment (check only via mail) to West Seneca Youth & Recreation 900 Mill Rd. West Seneca, NY 14224

You can drop this form off at our office 900 Mill Rd. #210 during our regular hours of operation Monday – Friday 9:00AM – 5:00PM. Payments method accepted: Cash or Check. Credit Card payments have an additional transaction fee.

### PROGRAM DATES

*Classes are subject to change based on WSCSD schedule*

March: 1, 8, 15, 22

### EMAIL/TEXT ALERTS

For class updates or in the event a class is canceled last minute due to weather or for any other reason you can sign up to receive text or email alerts.

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

To receive messages via email, send an email to [wsrecybb@mail.remind.com](mailto:wsrecybb@mail.remind.com). To unsubscribe, reply with 'unsubscribe' in the subject line.

## Notes:

## How Did You Hear About Us?

Newspaper  Social Media  Website  Word Of Mouth  Flyer  Other \_\_\_\_\_

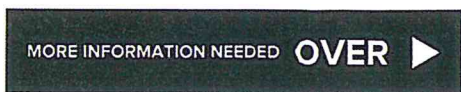
## Office Information:

West Seneca Youth & Recreation Office  
 900 Mill Road #211 West Seneca, NY 14224  
 Mailing Address: 1250 Union Rd. West Seneca NY, 14224  
 (P) 674-6086 (F) 675-6086 (E) [recdept1@twsny.org](mailto:recdept1@twsny.org)  
 Website: [www.westseneca.net](http://www.westseneca.net)  
 Facebook "West Seneca Youth & Recreation"

IF SUBMITTING THIS FORM VIA MAIL, PLEASE ATTACH A COPY OF THE CHILD'S VALID RESIDENT ID CARD.

## For Office Use Only

Amount Due      Receipt Number:       Cash  Check  Credit Card



**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 my child/ children while he/she is 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**

As parent/guardian of (child's name) \_\_\_\_\_, (my "Child") 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 and/or my Child on the premises of Town of West Seneca as a result of my Child's 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 Child's participation in this program, event or class or on account of first aid treatment, emergency medical services or other services rendered to me or my Child during my Child's 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 or my Child 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 Child's participation in this activity with The Town of West Seneca.

**I HEREBY ASSUME ALL RISK RELATED TO MY PARTICIPATION OR MY CHILD'S 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.

Parent/ Legal guardian's Name (print) \_\_\_\_\_

Parent/Legal Guardian's Name (sign) \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Medical Treatment**

As the parent or legal guardian of the above named minor, 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 my dependent.

Parent/ Legal guardian's Name (print) \_\_\_\_\_

Parent/Legal Guardian's Name (sign) \_\_\_\_\_ Date: \_\_\_\_\_