

SUMMER FUN PROGRAM REGISTRATION

Participant Information

NAME _____ CHILDS VALID RESIDENT ID CARD NUMBER _____

DATE OF BIRTH _____ AGE _____ GENDER _____

ADDRESS _____

CITY _____ ZIP _____

PARENTS NAME _____ PHONE _____

EMAIL _____

EMERGENCY CONTACT NAME/PHONE _____

MEDICAL INFORMATION OUR STAFF SHOULD KNOW _____

Choose Your Day/Time

Ages 6 - 9	Monday/Wednesday	10:00 AM – 12:00 PM
Ages 6 - 9	Tuesday/Thursday	1:15 PM – 3:15 PM
Ages 10 – 14	Monday/Wednesday	1:15 PM – 3:15 PM
Ages 10 – 14	Tuesday/Thursday	10:00 AM – 12:00 PM

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
 Website: www.westseneca.net
 Facebook "West Seneca Youth & Recreation"

For Office Use Only

Amount Due _____ Receipt Number: _____ Cash Check Credit Card

2016 SUMMER FUN PROGRAM

The Town of West Seneca Youth & Recreation Department will be offering an outdoor Summer Fun program this year. The program will be for boys & girls ages 6 -14. Each session will be two days per week, for two hours each day.

Each session will include various outdoor Recreational Activities such as sports, lawn games and more. Each session has a limited number of spots & pre-registration is required.

Program is contingent upon the weather. In the event the weather is unsafe for the day, the program will be canceled.

REGISTRATION FEES

Resident \$65
 Non-Resident \$75

(Must have valid Resident ID Card to qualify for the Resident Rate)

Registration Begins April 1, 2016.

Registration Ends: July 1, 2016.

If spots are available - Late Registration will begin July 5, 2016. A \$5.00 Late Registration Fee will be added to all registrations after 7/5/2016.

Spots in each day, time and level are limited.

Registration will close before July 1, 2016 if a select class/level fills.

You can mail this form with payment (check only via mail) to West Seneca Youth & Recreation 1250 Union Rd. West Seneca NY 14224

You can drop this form off at our office (900 Mill Road #211) 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.

CLASS DAYS & TIMES

Ages 6-9

Monday and Wednesday 10:00 AM - 12:00 PM
 OR

Tuesday and Thursday 1:15 PM – 3:15 PM

Ages 10 – 14

Tuesday and Thursday 10:00 AM - 12:00 PM
 OR

Monday and Wednesday 1:15 PM – 3:15 PM

CLASS DATES:

Monday & Wednesday
 July 6,11,13,18,20,25,27
 August 1, 3

Tuesday & Thursday
 July 7,12,14,19,21,26,28
 August 2, 4

MORE INFORMATION NEEDED **OVER** ▶

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.

Parent/ Legal guardian's Name (print) _____

Parent/Legal Guardian's Name (sign) _____ 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.

Parent/ Legal guardian's Name (print) _____

Parent/Legal Guardian's Name (sign) _____ 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: _____