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

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
Website: 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

2016 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. The class is limited to 20 participants. 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 9/1/16 Ends 10/25/16

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

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

November: 2, 9, 20
December 7

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. To unsubscribe, reply with 'unsubscribe' in the subject line.

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 participate wish to withdraw from the class prior to it's 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 asfollows:

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: _____