



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
Youth Service Coordinator
DATE: March 23, 2016
RE: Summer Swim Lessons 2016

Dear Honorable Town Board,

Kindly move to approve the attached 2016 Summer Swim Lessons.

Respectfully Submitted,

Lauren J. Masset
Youth Service Coordinator

Town of West Seneca Youth & Recreation

SWIMMING LESSON REGISTRATION

Participant Information

SWIMMERS NAME	PARENTS NAME
DATE OF BIRTH	CHILD'S VALID RESIDENT ID CARD NUMBER
ADDRESS	
CITY	ZIP
PHONE	
EMAIL	
EMERGENCY CONTACT NAME/PHONE	
MEDICAL AND OTHER INFORMATION OUR STAFF SHOULD KNOW	

2016 Swim Lesson Information

Registration Fees

Resident \$35
 Non-Resident \$45
 (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

Monday and Wednesday or Tuesday and Thursday

10:00 – 10:50 AM

11:00 – 11:50 AM

11:00 – 11:50 AM

12:00 – 12:50 PM

12:00 – 12:50 PM

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

Programs

Spaces for each class are limited to 12 Swimmers. There must be a minimum of 6 students for the class to take place.

Each class is dependent upon the weather. In the event the weather causes unsafe conditions for program participants the class session will be canceled.

Level 1 – Age 6+

Helps participate, feels comfortable in the water. Each child will develop the skills essential for pool safety and the sense of awareness in an aquatic setting and have a solid foundation on the front crawl and floats.

Level 2

Gives participants success with fundamental skills. They will begin to develop independence in the water and a better understanding of aquatic safety. In addition to the skills learned in Level 1, students will have a foundation established for both front and back crawl.

Level 3

Builds on the skills in Level 2 through additional guided practice in deeper water. Students will have a foundation established for front & back crawl, elementary backstroke, breaststroke. Students will also begin to develop diving skills.

Level 4

Develops confidence in the skills learned and improves other aquatic skills. In addition to the skills established in Level 3, students will learn the butterfly stroke and improve on diving skills.

Level 5

Provides further coordination and refinement of strokes and diving skills.

Level 6

Refines the strokes so participants swim them with ease, efficiency, power and smoothness over greater distances.

Parents are not permitted to be on the pool deck during instruction; however the spray pool will be open during swim lessons for observations of lessons. Adults are also allowed to observe lessons out of the fenced area around the pool.

Choose Your Lessons

Level	Day	Time
Level 1	Day	Time
Level 2	Day	Time
Level 3	Day	Time
Level 4	Day	Time
Level 5	Day	Time
Level 6	Day	Time

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
 (P) 674-6086 (F) 675-6086 (E) recdept1@twsny.org
www.westseneca.net
 Facebook "West Seneca Youth & Recreation"
 Mailing Address: 1250 Union Rd. West Seneca NY, 14224

Text Alerts: In order to receive text alerts regarding 2016 Swim Lessons please sign up at:

For Office Use Only

Amount Due: _____ Receipt Number: _____ Cash Check Credit Card

Resident ID 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.

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

, (my "Child") who will

As parent/guardian of (child's name) _____
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 the Town of West Seneca as a result of my child's participation in swim lessons. 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 swim lessons 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 swim lessons. 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 swim lessons or programs 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 Aquatics facility regulations 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: _____