



TOWN OF WEST SENECA

LAUREN J. MASSET
RECREATION SUPERVISOR

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: September 5, 2018

RE: West Seneca Ice Rink – Recreation Programs 2018-19

Kindly move to accept the below list of items for the 2018-19 Ice Rink Season:

- Public & Adult Skate (Hours, Fees, Policies)
- Free Skate Dates
- Ice Rink Facility Rules
- Recreational Skating Rules
- Town of West Seneca Ice Rink / Recreational Skating Accident Report
- Men's Over 30 Hockey Program

West Seneca Youth & Recreation reserves the right to cancel a program at anytime for any reason, including but not limited to weather, staffing levels, attendance levels, etc. Last minute updates will be posted on the department's social media pages.

TOWN OF WEST SENECA YOUTH & RECREATION

PUBLIC & ADULT SKATE 2018-19

STARTING DAY: OCTOBER 11, 2018

ENDING DATE: APRIL 1, 2019

ADMISSION TO ALL PROGRAMS IS LIMITED AND ON A FIRST COME, FIRST SERVE BASIS

PROGRAMS		
DAY	PROGRAM	TIME
SUNDAY	PUBLIC SKATE	1:15 PM - 3:00 PM
TUESDAY	ADULT SKATE (18+)	9:20AM - 11:20 AM
WEDNESDAY	PUBLIC SKATE	6:45 PM – 8:15 PM
THURSDAY	ADULT SKATE (18+)	9:20AM - 11:20 AM
SATURDAY	PUBLIC SKATE	1:15 PM - 3:00 PM

NO SKATING PROGRAMS:

- 10/31/ 2018 – HALLOWEEN (W)
- 11/21/2018 – DAY BEFORE THANKSGIVING (W)
- 11/22/2018 – THANKSGIVING (TR)
- 12/24/2018 – CHRISTMAS EVE (M)
- 12/25/2018 – CHRISTMAS DAY (T)
- 12/26/2018 – DAY AFTER CHRISTMAS (W)
- 12/31/2018 – NEW YEARS EVE (M)
- 1/1/2019 – NEW YEARS DAY (T)
- 1/21/2019 – MLK DAY (M)
- 2/18/2019 – PRESIDENTS DAY (M)
- 3/23/2018 – LUKE GOLD (S)
- 3/26/2019 – WSYHA TRYOUTS (T)
- 3/27/2019 – WSYHA TRYOUTS (W)
- 3/28/2019 – WSYHA TRYOUTS (TR)

ON THE BELOW DATES, SPECIAL SCHEDULED OPEN PUBLIC SKATE WILL TAKE PLACE BETWEEN 12:00 PM – 1:50 PM, REGULAR ADMISSION FEES APPLY. SKATE RENTAL MAY NOT BE AVAILBALE DURING THESE SKATES.

- NOVEMBER 12, 2018 – VETERANS DAY SKATE (M)
- NOVEMBER 23, 2018 – DAY AFTER THANKSGIVING SKATE (F)
- DECEMBER 27, 2018 – WINTER SKATE (TR)
- DECEMBER 28, 2018 – WINTER SKATE (F)
- FEBRUARY 21, 2018 – MID- WINTER SKATE (TR)
- FEBRUARY 22. 2018 – MID-WINTER SKATE (F)

YOUTH UNDER THE AGE OF 14 YEARS OLD MUST BE ACCOMPANIED BY AN ADULT OVER THE AGE OF 18 YEARS OLD TO ANY OPEN SKATE PROGRAM

WEST SENECA YOUTH & RECREATION RESERVES THE RIGHT TO CANCEL ADULT OR PUBLIC SKATE ON ANY DATE/TIME WITH NO NOTICE FOR ANY REASON INCLUDING BUT NOT LIMITED TO WEATHER, STAFFING LEVELS, ATTENDANCE LEVELS, ETC. LAST MINUTE UPDATES WILL BE POSTED ON THE DEPARTMENTS SOCIAL MEDIA PAGES.

ADMISSION FEES		
		CASH ONLY SMALL BILLS PREFERRED
ADMISSION RATES	RESIDENT*	NON-RESIDENT
4 YEARS & YOUNGER	FREE	FREE
5 YEARS & OLDER	\$4.00	\$6.00
ACTIVE DUTY OR VETERAN STATUS *Must show proper ID	FREE	\$4.00
SENIOR (60 & OVER)	FREE	\$5.00
SKATE RENTAL <i>ONLY AVAILABLE DURING PUBLIC SKATE AND/OR WHEN THE PRO-SHOP IS OPEN. SKATE RENTAL IS NOT GUARANTEED AT ANY TIME OR FOR ANY PROGRAM.</i>	@ PRO SHOP	@ PRO SHOP
<p>*MUST HAVE A VALID RESIDENT ID CARD (ANY AGE) TO QUALIFY FOR THE RESIDENT RATE. MORE INFORMATION ON HOW TO OBTAIN A RESIDENT ID CARD (FOR A FEE) PLEASE VISIT WWW.WESTSENECA.NET OR CALL 674-5600</p>		
<p>RESIDENT FREE SKATE DATES: RESIDENTS WHO POSSESS A VALID RESIDENT ID CARD WILL RECEIVE ADMISSION AT NO CHARGE ON 10/13/2018 AND 3/31/2019.</p>		
<p>THEME SKATES: TAKE PLACE DURING OPEN PUBLIC SKATE ON THE BELOW LISTED DATES</p> <ul style="list-style-type: none"> ○ 10/28/2018 – HALLOWEEN SKATE – WEAR YOUR HALLOWEEN COSTUME WHILE YOU SKATE (NO MASKS) ○ 12/23/2018 – SKATE W/ SANTA – SKATE W/ SANTA & HIS FRIENDS. ○ 1/6/2019 – SUPERHERO SKATE – DRESS LIKE YOUR FAVORITE SUPERHERO! (NO MASKS) ○ 2/3/2019 – TEAM SPIRIT SKATE – WEAR YOUR FAVORITE TEAM'S COLORS! 		
<p>ANY PERSON NOT FOLLOWING THE FACILITY OR PROGRAM RULES WILL BE ASKED TO LEAVE THE PROGRAM. RULES ARE POSTED AT THE ICE RINK AND ON OUR WEBSITE. ANY PERSON EJECTED FROM THE FACILITY OR PROGRAM WILL NOT BE ISSUED A REFUND.</p>		



TOWN OF WEST SENECA

ICE RINK FACILITY RULES

FACILITY RULES:

1. THE TOWN OF WEST SENECA IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.
2. PLEASE CALL WEST SENECA YOUTH & RECREATION WITH ANY CONCERNS. THE OFFICE PHONE NUMBER IS (716) 674-6086.
3. KEEP OUT OF UNASSIGNED LOCKER ROOMS, SCORE TABLE AREA, PLAYER BOXES, AND PENALTY BOXES.
4. SKATES ARE TO BE WORN ONLY ON THE ICE OR IN AREAS COVERED WITH PROTECTIVE RUBBER FLOORING.
5. KEEP ALL ICE ACCESS DOORS CLOSED WHEN THE ZAMBONI (ICE RESURFACING MACHINE) IS ON THE ICE. STAY OFF THE ICE UNTIL THE ZAMBONI ACCESS DOORS ARE COMPLETELY CLOSED.
6. NO FOOD OR DRINK ALLOWED ON THE ICE AT ANY TIME.
7. EATING, DRINKING, LITTERING AND SMOKING ON THE ICE AT ANY TIME IS PROHIBITED.
8. THERE IS NO ALCOHOL, DRUGS OR TOBACCO ALLOWED INSIDE THE ICE RINK AT ANY TIME.
9. NO WEAPONS OF ANY KIND ARE PERMITTED INSIDE OF THE ICE RINK.
10. PLEASE BE AWARE AND ALERT THAT HOCKEY PUCKS MAY FLY OVER THE BOARDS DURING PRACTICES, WARM-UPS AND GAMES. USE CAUTION WHEN ON THE ICE AND OUTSIDE OF THE ICE.
11. ONLY ADEQUATELY TRAINED AND AUTHORIZED PERSONNEL WILL BE ALLOWED TO OPERATE SCORING AND AUDIO
12. PLEASE, NO OUTSIDE FOOD OR DRINK. THE SNACK SHACK IS OPEN MOST TIMES FOR THE PURCHASE OF THESE ITEMS.
13. ANY PERSON NOT FOLLOWING THESE RULES COULD BE ASKED TO LEAVE THE FACILITY.

West Seneca Youth & Recreation
1300 Union Road, West Seneca, NY 14224
(716) 674-6086

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

2019 Recreation > 2018-19 Ice Rink > Town of West Seneca Ice Rink Rules



TOWN OF WEST SENECA

RECREATIONAL SKATING RULES

RECREATIONAL SKATING RULES (APPLY TO ALL SKATING PROGRAMS RUN BY WEST SENECA YOUTH & RECREATION):

1. IN ADDITION TO THE FACILITY RULES.
2. SKATE AT YOUR OWN RISK.
3. CHILDREN UNDER 14 YEARS OF AGE MUST BE ACCOMPANIED BY SOME OVER 18 YEARS OF AGE.
4. PARENTS ARE RESPONSIBLE TO WATCH AND CARE FOR THEIR OWN CHILDREN.
5. USE ONLY DESIGNATED OR ASSIGNED AREAS FOR CHANGING SKATES.
6. PROHIBITED: CRACK THE WHIP, TAG, POM, RACING, KEEP AWAY, STICKS OR PUCKS (OR OTHER SHOOTING DEVICES), TAKING OFF HATS, GLOVES OR MITTENS, TOSSING OF SNOWBALLS, ETC.
7. FOLLOW INSTRUCTIONS FROM WEST SENECA YOUTH & RECREATION STAFF.
8. HELMETS AND PADS ARE RECOMMENDED FOR ALL SKATERS.
9. SKATE AIDS ARE TO BE USED ONLY BY BEGINNER SKATERS. WEST SENECA YOUTH & RECREATION HAS WALKERS AVAILABLE TO USE FREE OF CHARGE. EACH INDIVIDUAL USING A WALKER MUST SIGN A WAIVER; WAIVERS ARE AVAILABLE WHEN WALKERS ARE SIGNED OUT. IF THE INDIVIDUAL IS UNDER 18 YEARS OLD THEIR LEGAL PARENT OR GUARDIAN MUST SIGN THE WAIVER. SKATE AIDS ARE USE AT YOUR OWN RISK.
10. SKATERS MUST MOVE IN DESIGNATED DIRECTION AS DETERMINED BY RECREATION STAFF.
11. NO HOCKEY STICKS ARE PERMITTED ON THE ICE DURING RECREATIONAL SKATE.
12. THE BEGINNER SKATING AREA IS IN THE EAST END OF THE RINK. THIS AREA WILL BE BLOCKED OFF WITH CONES.
13. EVERYONE SKATING MUST PURCHASE A TICKET IN THE CUSTOMER SERVICE WINDOW.
14. EVERYONE MUST WEAR SKATES WHEN ON ICE.
15. SKATING IN A WAY THAT IS DANGEROUS OR INTERFERES WITH OTHER SKATERS' SAFETY IS PROHIBITED.
16. EATING OR DRINKING ON THE RINK IS PROHIBITED. ANY TYPE OF FOOD OR DRINK ON THE ICE IS PROHIBITED.
17. ROUGHNESS, EXCESSIVE SPEEDING OR WEAVING THROUGH SKATERS OR CONES IS PROHIBITED.
18. FOUL, ABUSIVE OR OBSCENE LANGUAGE IS NOT PERMITTED ANYWHERE IN THE BUILDING.
19. BULLYING WILL NOT BE PERMITTED AT ANY TOWN OF WEST SENECA RECREATION PROGRAM.
20. DO NOT DAMAGE THE FACILITY.
21. THROWING SNOWBALLS OR ANY OBJECT IS PROHIBITED.
22. PATRONS MUST NOT SIT ON, LEAN OVER, OR LEAVE ARTICLES ON THE GLASS OR DASHER BOARDS.
23. PLEASE LEAVE ICE PROMPTLY WHEN HORN SOUNDS FOR ICE RESURFACING AT THE END OF EACH SESSION.
24. NOT ALLOWED: MASKS OR ANYTHING WHICH COVERS YOUR FACE.
25. REFUNDS WILL NOT BE ISSUED FOR ANY REASON, AT ANY TIME, UNDER ANY CIRCUMSTANCE. ALL TICKET SALES ARE FINAL. TICKETS ARE ONLY VALID ON THE DAY THEY ARE PURCHASED/ISSUED.
26. ANY PERSON NOT FOLLOWING THESE RULES, COULD BE EJECTED FROM THE PROGRAM. IF YOU ARE EJECTED FROM A PROGRAM NO REFUND WILL BE GIVEN.
27. WEST SENECA YOUTH & RECREATION RESERVES THE RIGHT TO CANCEL ADULT OR PUBLIC SKATE ON ANY DATE/TIME WITH NO NOTICE FOR ANY REASON INCLUDING BUT NOT LIMITED TO WEATHER, STAFFING LEVELS, ATTENDANCE LEVELS, ETC. LAST MINUTE UPDATES WILL BE POSTED ON THE DEPARTMENTS SOCIAL MEDIA PAGES.

West Seneca Youth & Recreation
1300 Union Road, West Seneca, NY 14224
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2019 Recreation > 2018-19 Ice Rink > Town of West Seneca Ice Rink Rules

**TOWN OF WEST SENECA
YOUTH & RECREATION DEPARTMENT
ICE RINK PROGRAM ACCIDENT/INCIDENT REPORT**

(FILL OUT ONE FOR EACH INCIDENT/ACCIDENT OR PERSON INVOLVED) (THIS FORM REQUIRES A SIGNATURE FROM THE INJURED PERSON, IF THEY ARE A MINOR PARENT/GUARDIAN SIGNATURE IS REQUIRED), THE PROGRAM SUPERVISOR AND EMPLOYEE COMPLETING THE FORM).

PERSON COMPLETING THIS REPORT	PRINT NAME:	SIGNATURE:	DATE:
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DATE OCCURRED (M/D/Y):	DAY OF THE WEEK:	RINK GUARDS ON DUTY (LIST ALL NAMES BELOW):
TIME OCCURRED:	AM / PM	
NUMBER OF PATRONS IN ATTENDANCE:		
SUPERVISOR ON DUTY:		
TYPE OF INCIDENT: (CIRCLE) BEHAVIORAL, ACCIDENT, OTHER (DESCRIBE)		

INFORMATION OF PERSON INVOLVED:

NAME OF PERSON INVOLVED	FIRST:	MIDDLE:	LAST:
DATE OF BIRTH:	AGE:	IS THIS PERSON A MINOR?	PHONE NUMBER:
HOUSE NUMBER:	STREET NAME:	CITY, STATE:	ZIP CODE:

DESCRIPTION OF THE ACCIDENT/INCIDENT:

INJURY TO BODY PART(S):	1.	2.	3.
RIGHT, LEFT, TOP, BOTTOM OF INJURED BODY PART:	1.	2.	3.
DESCRIPTION OF INJURY			
DESCRIBE THE SEQUENCE OF ACTIVITY IN DETAIL INCLUDING WHAT THE PERSON INVOLVED WAS DOING AT THE TIME:			
HOW DID THIS HAPPEN:			

ACTION TAKEN

WAS FIRST AID GIVEN:	IF SO, BY WHO? WRITE FULL NAME
IF NO, WHY?	IF YES, PHONE NUMBER OF PERSON:
EXPLAIN FIRST AID GIVEN:	
WAS ANY OTHER TYPE OF ACTION TAKEN, IF SO WHAT (EXPLAIN):	
WAS 911 CALLED? (CIRCLE) YES NO	WSPD REPORT #:
WAS THE PERSON TAKEN TO THE HOSPITAL: YES NO	IF YES, WHAT HOSPITAL?
WHO WAS THE PERSON TRANSPORTED TO THE HOSPITAL BY:	NOTES:
WAS LAUREN MASSET, RECREATION SUPERVISOR NOTIFIED?	IF NO WHY? IF YES, HOW/WHEN:

RELATIONSHIP:	FIRST:	MIDDLE:	LAST:
HOUSE NUMBER:	STREET NAME:	CITY, STATE:	ZIP CODE:
PHONE NUMBER:	WERE THEY PRESENT DURING THE ACCIDENT/INCIDENT:	HOW WERE THEY NOTIFIED?	RESULT OF NOTIFICATION (IE: VOICEMAIL, SPOKE TO, ETC)
DID THE MINOR REMAIN AT THE PROGRAM?			

ICE DETAILS

ICE RESURFACE TIME:	AM/PM	TYPE OF CUT (CIRCLE):	WET	DRY
WAS THE PERSON WEARING SKATES:			TYPE OF SKATES:	
WERE THE SKATES(CIRCLE):	RENTAL	OWN	WERE SKATERS INSPECTED (CIRCLE) YES NO	
WERE THE SKATES DEFECTIVE:	NOTES:		WAS THE ICE INSPECTED AT LOCATION OF FALL:	
YES NO			YES NO NOTES:	
PRINT NAME OF SKATE/ICE INSPECTOR:		SIGNATURE OF SKATE/ICE INSPECTOR:		
MARK AN "X" WHERE THE INCIDENT/ACCIDENT OCCURRED. MARK "G" WHERE THE RINK GUARDS WERE LOCATED.				

ADDITIONAL INFORMATION:

WAS ANYONE ELSE INVOLVED?	IF YES, FILL OUT THE BELOW AND SEPARATE REPORTS FOR EACH.
NAME:	ROLE:
NAME:	ROLE:
NAME:	ROLE:

WITNESS NAME (FIRST, LAST)	RELATIONSHIP TO PERSON	PHONE NUMBER	COMMENTS:

ACKNOWLEDGMENTS

	PRINT NAME:	SIGNATURE:	DATE:
NAME OF PERSON COMPLETING THIS FORM			
PROGRAM SUPERVISOR (ON DUTY)			
DEPARTMENT HEAD	LAUREN J. MASSET / LMASSET@TWSNY.ORG / 716-674-6086		
PERSON INVOLVED (IF MINOR, PARENT OR GUARDIN)			

TOWN OF WEST SENECA YOUTH & RECREATION
MENS OVER 30 HOCKEY PROGRAM

The program will be held at the West Seneca Ice Rink (1250 Union Road). Each session is 80 minutes long. There will be a Fall and a Winter session. Each program is limited to 35 participants each night. Class will be cancelled if enrollment is less than 15 participants. Participants must be 30 years of age by the first program date. The program will be supervised by Recreation Staff. This program is intended to be Recreational and fun. There is no checking or referees. Program runs 10:40 PM – 12:00 AM. If the program is canceled last minute for any reason, it will be listed on our social media pages, which can be found on page 2 of this document.

Program Dates

<p>Session #1</p> <p>Session Dates: October: 11, 18, 25 November: 1, 8, 15, 29 December: 13, 20</p>	<p>Session #2</p> <p>Session Dates: January: 24, 31 February: 7, 14, 21, 28 March: 7, 14, 21</p> <p style="text-align: center;">No Program: 11/22/2018</p>
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Program Fees (Price is per single session):

Resident* \$100
 Non-Resident \$125

*In order to receive the resident rate you must provide a valid Resident ID Card, valid until the last date of the program. More information On how to obtain a Resident ID Card can be found at www.westseneca.net

Payment can be made via cash, check, money order or 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: Monday, September 17, 2018 at 10:00 AM
 Registration Ends for Session #1: Friday, October 5, 2018 at 4:00 PM
 Registration Ends for Session #2: Friday, January 18, 2018 at 4:00 PM

When registration closes on the above listed end date/time - In the event there are less than 15 participants on one or both nights that session will be canceled, those who signed up will be notified within five (5) business days. In the event there are more than 15 participants and slots are still open late registration will begin. There will be an additional \$10 Late Registration Fee added to each registration taken after the above listed "Registration End Date" for each session. If/When slots fill, no further registrations will be accepted regardless of the date.

How To Register

Mail to: Recreation, 1250 Union Road, West Seneca, NY, 14224
 In Person: 1300 Union Road, West Seneca, NY - Monday through Friday between 9:30 AM - 4:30 PM

Registrations will not be accepted or processed if they are emailed, do not contain original signatures, do not contain payment or are not completed in full.

FILL OUT THE BELOW AND THE REVERSE SIDE WITH THE PLAYERS INFORMATION: - Required

Player Name: _____ DOB: _____

Address Line 1: _____ AGE: _____

Address Line 2: _____ Gender: _____

Phone Number: _____ ID Card #: _____

Email: _____ ID Card Exp Date*: _____

**Must be after 3/28/2019*

Emergency Contact Name, Phone Number, Relationship: _____

Medical Information We Should Know: _____

Choose Your Session (Circle): Session #1 Session #2

For Office Use Only - Fees Due In Full @ Time of Registration.

Total Paid:	Resident ID Card #	Cash, CC, Check or Money Order	Employee Initials
Rec't #:	Resident ID Card Exp Date:	# on CC, Check or Money Order	Other:
2nd Payment Total:	2nd Payment Rec't #:	2nd Payment Cash, CC, Check or Money Order	2nd Payment # on CC, Check or Money Order

THE PLAYER MUST COMPLETE THIS SIDE OF THE FORM, NO OTHER PERSON CAN COMPLETE IT FOR HIM

PRINT NAME (FIRST, MIDDLE, LAST)	- Required
INITIALS:	- Required
SIGNATURE:	- Required

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:	
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Photography and Video Policy

I authorize The Town of West Seneca Recreation Department to take photographs and video footage of me 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:	
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Release from Liability - Required

I 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 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 "Releasees") 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 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 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 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:	
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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.

Initials		Signature:		Date:	
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Recreation Office Information:

Office Location: 1300 Union Road, West Seneca, NY
 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, Registration are accepted a half hour after our opening time and end a half hour before our closing time).
 Phone: 716-674-6086
 Website: www.westseneca.net
 Mailing Address: 1250 Union Road, West Seneca, NY
 Email: recdept1@twsny.org
 Facebook: West Seneca Youth & Recreation
 Twitter: WS_REC