



TOWN OF WEST SENECA

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

LAUREN J. MASSET
RECREATION SUPERVISOR

TO: Honorable Town Board / Town of West Seneca

FROM: Lauren J. Masset
Recreation Supervisor

DATE: December 18, 2018

RE: 2019 Summer Fun (1/2 Day Camp)

Kindly move to approve the attached 2019 Summer Fun program.

TOWN OF WEST SENECA YOUTH & RECREATION

SUMMER FUN / HALF DAY CAMP / 2019

Program Dates (2018)

Monday & Wednesday	Tuesday & Thursday
JULY: 8, 10, 15, 17, 22, 24, 29, 31	JULY: 9, 11, 16, 18, 23, 25, 30 AUGUST: 1

Program Times:

Age Group	Monday & Wednesday Session	Tuesday & Thursday Session
Age 6-9	10:00 AM - 12:00 PM	1:15 PM - 3:15 PM
Age 10-12	1:15 PM - 3:15 PM	10:00 AM - 12:00 PM

Program Fees (Price is per single session):

Resident* \$65
Non-Resident \$85

*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:

Resident Registration Begins February 1, 2019
Non-Resident Registration Begins March 1, 2019.
Registration Ends: June 3, 2019. - Class(es) will be canceled if there are not a minimum of 5 campers signed up on 6/3/19.

After the Registration End Date listed above, if there are less than 5 campers signed up the class will be canceled. If there are more than 5 campers signed up and slots are still available late registration will run. There will be an additional \$5.00 Late Registration fee added to the program fee.
No registrations will be accepted after June 14, 2019.

Registrations can be dropped off in person to 1300 Union Road or mailed to 1250 Union Road, West Seneca, NY 14224. Registrations will not be accepted or processed if they are emailed, do not contain original signatures, do not contain payment.

Other Information:

- Spots in each session are limited. Spots are on a first come, first serve basis
- Each class is dependent upon the weather. In the event the weather causes unsafe conditions for program participants the class session will be canceled. The class will not be rescheduled. No refunds will be issued.
- Campers should be dressed in sneakers and socks for each session.
- Campers must be signed in by a parent or guardian. Campers must be signed out by a parent or guardian.
- Campers must be picked up by the program end time. In the event campers are not picked up, on time there will be a \$2.00 per minute, per family fee. This is due before the camper can attend the next session. Campers will not be released from the program without a parent or guardian.
- Drop Off/Pick Up is located at the Veterans Park Playground located at 55 Legion Drive, West Seneca, NY 14224.
- Campers must bring a water bottle to each session.

Choose the days and time you would like to sign your child up for:

- | | |
|--|--|
| <input type="radio"/> Monday and Wednesday
<input type="radio"/> 10:00 AM - 12:00 PM (Ages 6-9)
<input type="radio"/> 1:15 PM - 3:15 PM (Ages 10-12) | <input type="radio"/> Tuesday and Thursday
<input type="radio"/> 10:00 AM - 12:00 PM (Ages 10-12)
<input type="radio"/> 1:15 PM - 3:15 PM (Ages 6-9) |
|--|--|

FILL OUT THE BELOW AND THE REVERSE SIDE WITH THE CHILD'S INFORMATION:
THIS FORM CAN ONLY BE FILLED OUT BY THE CAMPER'S LEGAL PARENT OR GUARDIAN

Child's Name: _____ DOB: _____ AGE: _____
 Address Line 1: _____ Gender: _____ Child's ID Card #: _____
 Address Line 2: _____ Parent/Guardian Name: _____
 Phone Number: _____ Email: _____

Emergency Contact Name, Phone Number, Relationship: _____

Medical or Other Information We Should Know: _____

DROP/OFF PICK UP AGREEMENT

I understand that my child must be dropped off and signed in by a Parent or Guardian each time they attend the program. I understand that my child must be picked up and signed out by one of the below listed adults (in addition to the above listed parent/guardian). I give the below listed adults permission to pick up my child. My child will not be released without one of the below listed Parent or Guardians. I understand that my child must be picked up by the PROGRAM END time listed above for the session they are signed up for. I understand there is a late pick up fee of \$2.00 per minute, per family that is due before my child can attend the next class.

Print Name:	Signature:	Date:
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Full Name Pick Up #1 Phone Number:	Full Name Pick Up #2 Phone Number:
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My name is (PRINT NAME IN FULL) _____
 I am the legal parent or guardian (PRINT NAME IN FULL) _____

Veterans Park Aquatics Facility Use.

Summer Fun may or may not visit the Veterans Park Pool. The decision will be made based on the Veterans Park Pools Hours of Operation, program schedule and weather.

I give permission for my child to participate in swimming and pool activities while attending Summer Fun from July 2, 2018 – August 2, 2018.

I understand my child must be dressed in a bathing suit, have pre-applied sunscreen and a towel.

I understand that my child will only be permitted in the (a) Veterans Park Wading Pool and (b) The shallow end of the Veterans Park Pool. The deep end and diving well are off limits.

Print Name:		Signature:		Date:	
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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.

Print Name:		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, Youtube and other social networking sites.

Print Name:		Signature:		Date:	
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Release from Liability

I (parent name): _____ whose child 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 or my child 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 "Releases") 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 Releases, 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.

Print Name:		Signature:		Date:	
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Consent for Medical Treatment

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.

Print Name:		Signature:		Date:	
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Recreation Office Information:

West Seneca Youth & Recreation Office: 1300 Union Road, West Seneca, NY 14224 (DO NOT MAIL REGISTRATION FORMS OR PAYMENT TO MILL ROAD ADDRESS)

Hours of Operation: Monday - Friday between 9:00 AM - 5:00 PM (Closed daily between 1:00 - 2:00 PM for lunch).

Mailing Address: 1250 Union Rd. West Seneca NY, 14224

Phone: 716- 674-6086

Website: www.westseneca.net

Facebook: "West Seneca Youth & Recreation"

Twitter: "WS_REC"

For Office Use Only

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: