



**TOWN OF WEST SENECA**

**LAUREN J. MASSET**  
RECREATION SUPERVISOR

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

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**TO: Honorable Town Board / Town of West Seneca**

**FROM: Lauren J. Masset**  
**Recreation Supervisor**

**DATE: August 5, 2019**

**RE: Summer Mini Camp**

Kindly move to approve the attached Summer Mini Camp program.

West Seneca Youth & Recreation reserves the right to cancel or end a program/close a facility 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 and/or website.

## TOWN OF WEST SENECA YOUTH & RECREATION

# SUMMER MINI CAMP

This two day highly active sports camp will be for youth ages 6-10 years of age. Games may include but are not limited to basketball, dodgeball, kickball, flag football and more! The camp will run on August 19 and August 20, 2019 from 9:30 AM - 12:30 PM. Drop off begins at 9:20 AM at the CCL Youth Gym. Pick up begins at 12:20 PM at the CCL Youth Gym. Youth must be picked up by 12:30 PM or there will be a \$2.00 per minute/per child charge, due at pick-up. **Spaces are limited. Pre-Registration is Required.** Youth must wear sneakers and bring a water bottle or they will not be permitted into the program (no refund will be issued).

**Program Fees:**

Resident\*           \$10  
 Non-Resident       \$15

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.

\*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](http://www.westseneca.net)

**Registration Information:**

VALID RESIDENT ID CARDHOLDER REGISTRATION BEGINS August 13, 2019 at 10:00 AM  
 NON-VALID RESIDENT ID CARDHOLDER REGISTRATION BEGINS August 15, 2019 at 12:00 PM  
 REGISTRATION ENDS: August 16, 2019 at 2:00 PM. - CLASS(ES) WILL BE CANCELED IF THERE ARE NOT A MINIMUM OF 5 CAMPERS SIGNED UP BY 8/16/2019 @ 2:00 PM.

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. *DO NOT MAIL ANY FORMS OR PAYMENTS TO THE MILL ROAD ADDRESS.*

**FILL OUT THE BELOW AND THE REVERSE SIDE WITH THE CHILD'S INFORMATION:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CHILD'S AGE (AS OF 8/19/2019): \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Child's ID Card #: \_\_\_\_\_ Child's ID Card Expiration Date: \_\_\_\_\_  
 Emergency Contact Name, Phone Number, Relationship: \_\_\_\_\_  
 Medical or Other Information We Should Know: \_\_\_\_\_

EMERGENCY CONTACT & ADDITIONAL PICK UP - WILL BE CALLED IF PARENT/GUARDIAN IS UNREACHABLE IMMEDIATELY IN THE EVENT OF ILLNESS OR EMERGENCY. THIS PERSON WILL BE AUTHORIZED TO PICK UP YOUR CHILD BELOW IS A TABLE THAT SHOULD BE FILLED IN TO INCLUDE ANY PERSONS YOU WOULD LIKE TO HAVE PERMISSION TO PICK UP YOUR CHILD FROM THE PROGRAM. AT PICK UP, STAFF WILL BE CHECKING IDS TO ASSURE THAT THE APPROPRIATE PEOPLE ARE TAKING YOUR CHILD. IF A NAME IS NOT LISTED BELOW, STAFF WILL NOT RELEASE YOUR CHILD TO THAT PERSON.

FIRST NAME	LAST NAME	PHONE NUMBER	RELATIONSHIP

THIS SECTION MUST BE COMPLETED BY THE CHILD'S LEGAL PARENT OR GUARDIAN

PRINT CHILD'S NAME (FIRST, MIDDLE, LAST)	PRINT PARENT/GUARDIAN'S NAME (FIRST, MIDDLE, LAST)	SIGNATURE PARENT/GUARDIAN	DATE

**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.

I UNDERSTAND AND ACCEPT THESE RESPONSIBILITIES UNDERSTAND AND AGREE TO ABIDE BY THE TOWN OF WEST SENeca YOUTH & RECREATION REFUND POLICIES.

SIGNATURE PARENT/GUARDIAN		DATE:	
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**PHOTOGRAPHY AND VIDEO POLICY (OPTIONAL)**

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.

SIGNATURE PARENT/GUARDIAN		DATE:	
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**RELEASE FROM LIABILITY (REQUIRED)**

AS PARENT/GUARDIAN OF (CHILD'S NAME) THE ABOVE LISTED CHILD (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 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 "RELEASES") 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 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 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.

SIGNATURE PARENT/GUARDIAN		DATE:	
SIGNATURE OF ADULT SWIMMER		DATE:	

**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.

SIGNATURE PARENT/GUARDIAN		DATE:	
SIGNATURE OF ADULT SWIMMER		DATE:	

**RECREATION OFFICE INFORMATION:**

WEST SENeca YOUTH & RECREATION OFFICE: 1300 UNION ROAD, WEST SENeca, NY, 14224  
 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  
 EMAIL: RECDEPT1@TWSNY.ORG  
 WEBSITE: WWW.WESTSENECA.NET  
 FACEBOOK: "WEST SENeca YOUTH & RECREATION"  
 TWITTER: "WS\_REC"

**FOR OFFICE USE ONLY**

TOTAL PAID:	RESIDENT ID CARD #	CIRCLE: CASH, CC, CHECK OR MONEY ORDER	EMPLOYEE INITIALS
REC'T #:	RESIDENT ID CARD EXP DATE	# ON CC, CHECK OR MONEY ORDER	OTHER: