



**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:** November 22, 2019

**RE:** 2020 Over 30 Hockey

Kindly move to approve the attached Over 30 Hockey program.

West Seneca Youth & Recreation reserves the right to cancel or end a program/close a facility at any time 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**  
**MEN'S OVER 30 HOCKEY PROGRAM**

THE PROGRAM WILL BE HELD AT THE WEST SENECA ICE RINK (1250 UNION ROAD). EACH SESSION IS 80 MINUTES LONG. THE 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, PLAYERS WILL NOT BE CONTACTED DIRECTLY - IT WILL BE LISTED ON OUR SOCIAL MEDIA PAGES, WHICH CAN BE FOUND ON PAGE 2 OF THIS DOCUMENT.

**2020 PROGRAM DATES**

JANUARY: 23, 30  
 FEBRUARY: 6, 13, 20, 27  
 MARCH: 12, 19  
 REPLACEMENT DATE ONLY TO BE USED IF PROGRAM IS CANCELLED: MARCH 26

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. PLAYERS WILL NOT BE CONTACTED DIRECTLY. UPDATES WILL BE POSTED ON THE DEPARTMENTS SOCIAL MEDIA PAGES.

**PROGRAM FEES (PRICE IS PER SINGLE SESSION) (FEE IS FOR EACH PLAYER, INCLUDING GOALIES):**

RESIDENT\* \$110  
 NON-RESIDENT \$135

\*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)

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:**

VALID RESIDENT ID CARDHOLDER REGISTRATION BEGINS: MONDAY, JANUARY 6, 2020 AT 10:00 AM  
 NON-VALID RESIDENT ID CARDHOLDERS REGISTRATION BEGINS MONDAY, JANUARY 13, 2020 AT 10:00 AM  
 REGISTRATION ENDS FOR SESSION #2: THURSDAY, JANUARY 16, 2020 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. IF YOU REGISTER LATE THE PROGRAM WILL NOT BE PRO-RATED.

**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 3/19/2020*

EMERGENCY CONTACT NAME, PHONE NUMBER, RELATIONSHIP: \_\_\_\_\_

MEDICAL INFORMATION WE SHOULD KNOW: \_\_\_\_\_

**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:

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

<b>PRINT NAME (FIRST, MIDDLE, LAST)</b>	- REQUIRED
<b>INITIALS:</b>	- REQUIRED
<b>SIGNATURE:</b>	- 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.

<b>INITIALS:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
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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.

<b>INITIALS</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
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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.

<b>INITIALS</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
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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.

<b>INITIALS</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
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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](http://WWW.WESTSENECA.NET)  
 MAILING ADDRESS: 1250 UNION ROAD, WEST SENECA, NY  
 EMAIL: [RECDEPT1@TWSNY.ORG](mailto:RECDEPT1@TWSNY.ORG)  
 FACEBOOK: WEST SENECA YOUTH & RECREATION  
 TWITTER: WS\_REC