



TOWN OF WEST SENECA

LAUREN J. MASSET
RECREATION SUPERVISOR

TOWN SUPERVISOR
GARY DICKSON
TOWN COUNCIL
WILLIAM HANLEY
WILLIAM BAUER
JOSEPH CANTAFIO
JEFFREY PIEKAREC

TO: Honorable Town Board / Town of West Seneca

FROM: Lauren J. Masset
Recreation Supervisor

DATE: January 7, 2020

RE: Swim Lessons 2020

Kindly move to approve the attached Swim Lesson programs for 2020.

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
LITTLE SWIMMERS 2020

For ages 2-3 and 4-5 years of age. Each Little Swimmers must be accompanied by a parent. This class will help develop a comfort in the water and build a foundation for swimming as they grow older. Entire class time will be spent in the shallow end. Parents must always hold onto a child in water. One parent must be in the pool at all times with their child. Optional to have an additional adult on the pool deck. The ratio must be 1 parent to 1 child at all times. Maximum enrollment is 10 pairs of swimmers (child & adult). **Previously Mommy & Me.*

Program Dates

Wednesday (10:00 - 10:50 AM)
Dates: July: 8, 15, 22, 29

Program Fees (Price is per single session):

Resident* \$25
 Non-Resident \$45

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

Registration Information:

RESIDENT REGISTRATION BEGINS FEBRUARY 3, 2020
 NON-RESIDENT REGISTRATION BEGINS MARCH 2, 2020
 REGISTRATION ENDS: JUNE 22, 2020.

AFTER THE REGISTRATION END DATE LISTED ABOVE, IF THERE ARE LESS THAN 6 SWIMMERS SIGNED UP THE CLASS WILL BE CANCELED. IF THERE ARE MORE THAN 6 SWIMMERS 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 JULY 1, 2020.

REGISTRATIONS CAN 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.*

Other Information:

- Spots in each level 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.
- All swimmers must be dressed in swim attire (swim diapers, bathing suit/shorts material).

Choose your child's age group:

Ages 2-3 Wednesday Ages 4-5

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

Child's Name: _____ DOB: _____ CHILD'S AGE (AS OF JULY 8 2020): _____
 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: _____

FILL OUT THE BELOW AND THE REVERSE SIDE WITH THE ADULT SWIMMERS INFORMATION:

Name: _____ DOB: _____ AGE: _____
 Address Line 1: _____ Gender: _____ ID Card #: _____
 Address Line 2: _____
 Phone Number: _____ Email: _____
 Emergency Contact Name, Phone Number, Relationship: _____
 Medical or Other Information We Should Know: _____

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:	
---------------------------	--	-------	--

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:	
---------------------------	--	-------	--

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

TOWN OF WEST SENECA YOUTH & RECREATION

SUMMER SWIM LESSONS 2020

PROGRAM DATES

MONDAY & WEDNESDAY (11:00 - 11:50 AM) OR (12:00 - 12:50 PM)	TUESDAY & THURSDAY (11:00 - 11:50 AM) OR (12:00 - 12:50 PM)
JULY: 6,8,13,15,20,22,27,29	JULY : 7,9,14,16,21,23,28,30

PROGRAM FEES (PRICE IS PER SINGLE SESSION):

RESIDENT* \$45
 NON-RESIDENT \$65

*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 3, 2020
 NON-RESIDENT REGISTRATION BEGINS MARCH 2, 2020
 REGISTRATION ENDS: JUNE 22, 2020.

AFTER THE REGISTRATION END DATE LISTED ABOVE, IF THERE ARE LESS THAN 6 SWIMMERS SIGNED UP THE CLASS WILL BE CANCELED. IF THERE ARE MORE THAN 6 SWIMMERS 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 JULY 1, 2020.

REGISTRATIONS CAN BE DROPPED OFF IN PERSON TO 1300 UNION ROAD OR MAILED TO THE 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.*

OTHER INFORMATION:

- THE CHILD MUST BE SIX (6) YEARS OF AGE, BEFORE THE FIRST DAY OF LESSONS.
- SPOTS IN EACH LEVEL 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.
- 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.
- CHILDREN SWIMMING MUST BE DRESSED IN SWIM ATTIRE (BATHING SUIT/SHORTS MATERIAL).
- BECAUSE LESSONS ARE PERFORMANCE BASED, IF IT IS DETERMINED THAT YOUR CHILD IS NOT PREPARED FOR A GROUP LESSON, WE RESERVE THE RIGHT TO SUGGEST ALTERNATIVES.

CHECK THE LEVEL YOU WOULD LIKE TO SIGN YOUR CHILD UP FOR:

O 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.

O 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.

O 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.

O 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.

O LEVEL 5 - PROVIDES FURTHER COORDINATION AND REFINEMENT OF STROKES AND DIVING SKILLS.

O LEVEL 6 - REFINES THE STROKES SO PARTICIPANTS SWIM THEM WITH EASE, EFFICIENCY, POWER AND SMOOTHNESS OVER GREATER DISTANCES.

CHOOSE THE DAYS AND TIME YOU WOULD LIKE TO SIGN YOUR CHILD UP FOR:

<input type="radio"/> MONDAY AND WEDNESDAY <input type="radio"/> 11:00 - 11:50 AM <input type="radio"/> 12:00 - 12:50 PM	<input type="radio"/> TUESDAY AND THURSDAY <input type="radio"/> 11:00 - 11:50 AM <input type="radio"/> 12:00 - 12:50 PM
--	--

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

CHILDS NAME: _____ DOB: _____ AGE: _____
 ADDRESS LINE 1: _____ GENDER: _____ CHILD'S ID CARD #: _____
 ADDRESS LINE 2: _____ PARENT/GUARDIAN NAME: _____
 PHONE NUMBER: _____ EMAIL: _____

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 CHILDS 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:	
---------------------------	--	-------	--

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:	
---------------------------	--	-------	--

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:	
---------------------------	--	-------	--

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:	
---------------------------	--	-------	--

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 #	CASH, CC, CHECK OR MONEY ORDER	EMPLOYEE INITIALS
RECT #:	RESIDENT ID CARD EXP DATE	# ON CC, CHECK OR MONEY ORDER	OTHER:

