



## TOWN OF WEST SENECA

**LAUREN J. MASSET**  
RECREATION SUPERVISOR

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

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

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

**DATE:** March 11, 2020

**RE:** Let's Get Moving (April/May) Program

Kindly move to approve the attached Let's Get Moving 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  
**Let's Get Moving - Spring 2020**

Welcome to West Seneca Youth & Recreation Department Let's Get Moving for birth years 2010 - 2013 and 2007 - 2009. The class includes break out games and focuses on getting kids moving! The clinic will be held on various Wednesday nights from 6:00-6:50 PM or 7:00 - 7:50 PM depending on the child's birth year. The program will be held in the Youth Gym inside the Community Center located at 1300 Union Road, West Seneca, NY, 14224. There must be a minimum of 5 children registered in each session for the program to take place. Program space is limited. Register early to ensure your spot.

West Seneca Youth & Recreation Contact Information:  
 Phone: 716-674-6086 Website: [WWW.WESTSENECA.NY.GOV](http://WWW.WESTSENECA.NY.GOV)  
 Office Address: 1300 Union Road Mailing Address: 1250 Union Road, West Seneca, NY, 14224 Facebook: West Seneca Youth & Recreation  
 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) Twitter: WS\_REC  
 Registration is processed Monday-Friday 9:30-4:30

2020 Program Dates: April 20 (Floor or Scooter Hockey), April 27 (Dodgeball), May 4 (Capture the Flag or Tag Games), May 11 (Basketball)  
 April 20, 27  
 May 4, 11

Program Fees:  
 Resident\* \$20 Non-Resident: \$40  
 \*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.NY.GOV](http://WWW.WESTSENECA.NY.GOV)  
 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 Start Date: April 1, 2020 at 9:30 AM Registration End Date: April 8, 2020 at 4:30 PM Late Registration End Date: April 15, 2020.  
**ABSOLUTELY NO REGISTRATIONS WILL BE TAKEN AFTER APRIL 15, 2020.**  
 Registration closes on the above listed end date and time. If there are less than 5 participants in the session will be canceled. You will be notified within five (5) business days of the registration end date. Late registration will be available if there are slots open. An additional Late Registration Fee of \$10 will be added to each registration when after the above "Registration End Date". If/When slots fill; no further registrations will be accepted regardless of the date. Absolutely no registrations will be taken after April 15, 2020.

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 - 11:30 AM or 2:30 - 4:30 PM. Must arrive by 4:30 PM. The department may be closed for the Easter Holiday on a business day, please check our social media accounts before you come to our office.  
 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:	FIRST: _____ LAST: _____	
SPECIFIC NEEDS & ALLERGIES	PERMISSION TO PICK UP(CIRCLE) YES NO	
CHECK ONE:	0 NON-RESIDENT 0 RESIDENT ID CARD VALID # _____ 0 Expiration Date ____/____/____	
Date of Birth	Month: _____ Date: _____ Year: _____ Current Age: _____	Gender: _____
Circle Your Session	6:00 - 6:45 PM (7:00 - 7:45 PM) BIRTH YEARS: 2010, 2011, 2012, 2013 BIRTH YEARS 2007, 2008, 2009	
Home Address	_____	
<b>PARENT #1 - PRIMARY PARENT OR GUARDIAN TO CALL DURING THE DAY AND/OR FIRST DURING THE PROGRAM</b>		
NAME:	FIRST: _____ LAST: _____	
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO	
PHONE #	_____	
Email Address:	_____	
<b>PARENT #2 - WILL BE CALLED IF PRIMARY PARENT OR GUARDIAN IS UNREACHABLE FOR 10 MINUTES OR MORE</b>		
Name:	First: _____ Last: _____	
Relationship:	Permission to Pick Up(Circle) YES NO	
Cell Phone #	_____	
Email Address:	_____	

EMERGENCY CONTACT & ADDITIONAL PICK UP - WILL BE CALLED IF PARENT #1 AND #2 OR 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.

ER #1/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #2/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #3/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____

**THE PARENT OR GUARDIAN MUST COMPLETE THE BELOW WITH THEIR NAME, NO OTHER PERSON CAN COMPLETE IT FOR HIM**

PRINT PLAYERS NAME (FIRST, MIDDLE, LAST)	PRINT PARENT/GUARDIAN NAME (FIRST, MIDDLE, LAST)	PARENT/GUARDIAN INITIALS	PARENT/GUARDIAN SIGNATURE	DATE
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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 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 and/or my child while I am participating in any programs being held by West Seneca Recreation. I understand these photographs and video footage will be used for marketing purposes, West Seneca Recreation Department Bulletin, 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 and/or My 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 and/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 or 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 AND/OR MY CHILD'S 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 and/or my child.

Initials _____	Signature: _____	Date: _____
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**For Office Use Only - Fees Due in Full @ Time of Registration.**

Total Paid	Resident ID Card #	Cash, CC, Check or Money Order	Did you check birthday: _____	Employee Initials
Rec't #:	Resident ID Card Exp Date:	# on CC, Check or Money Order	Other: _____	