

Eden Recreation & Eden Jr./Sr. NHS  
are hosting

# Youth Activity Night

## GRADES 6 - 8th

Open Pool  
Gym Games  
Candy Bar Bingo  
Can Jam

Thursday, Nov. 9, 2017

6:30 - 9PM

Eden Jr./Sr. High School

Enter at Sports Entrance

\$5 per student

Snacks for Purchase

Waiver must be signed (reverse side)



## TOWN OF EDEN RECREATION DEPARTMENT

PRESENTS

# Youth Activity Night

Participant's Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ NY \_\_\_\_\_  
Zip code

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Email \_\_\_\_\_

### Notification in Case of Emergency: Parent / Guardian (For Participating Minors)

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please Note:** I understand there is a risk of my son / daughter / myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death. I acknowledge that The Town of Eden, The Town of Eden Recreation Department and Eden Central Schools DO NOT have and DO NOT provide Accident - Health Insurance policies / coverage for sponsored Programs Participants, Coaches, Managers, Spectators nor Volunteers. It is strongly recommended that any participants be covered by their own Accident - Health Insurance policy. I further understand that Participants, Coaches, Managers, Spectators and Volunteers are in fact - **Participating at Their Own Risk.**

Participant Has Own Accident - Health Insurance Policy / Coverage

***I Have Read, and Hereby Acknowledge the Above Statement.***

\_\_\_\_\_

\_\_\_\_\_

*Signature of Parent/Guardian*

*Date*

I give consent to the Town of Eden Recreation Department to use any photographs or videos of my child for promotional or public relations purposes, including web-site material and camp advertising.