



TOWN OF EDEN RECREATION DEPARTMENT

AMY PORTER, EXECUTIVE DIRECTOR

OFFERING YEAR-ROUND YOUTH AND ADULT PROGRAMS, INCLUDING: ARTS & CRAFTS, BASEBALL, BASKETBALL, CHEERLEADING, FITNESS PROGRAMS, FOOTBALL, KARATE, LACROSSE, MUSIC-ON-MAIN STREET CONCERTS, SKIING/SNOWBOARDING, SOCCER, SUMMER PLAYGROUNDS, SWIMMING, SOFTBALL, TENNIS, TRACK & FIELD, VOLLEYBALL, WRESTLING

RECREATION ADVISORY BOARD: Joseph Winiacki, Chairman • Michael Alvarez, Vice Chairman • Jon Achtyl • Cheryl Carpenter • Peter Gugino • Emily Hawkins • Donald Johnson Jr. • Andrew Riedel

2795 East Church Street ★ Eden, New York 14057 ★ (716) 992-3408 ★ Fax (716) 992-4131 ★ amy@edenny.gov

Body Sculpting Class

Ages: Adults 19 & older (Coed)
Offered: November 9, 2018 through January 4, 2018
Location: Eden United Methodist Church
Times: Monday, Wednesday and Friday from 9:45AM – 10:45AM
Registration: Any Day of Program
Fee: \$35 for entire session or \$7 per walk-in

Please Note: School activities and/or weather conditions may alter schedule. If you have any questions please call Tina at 901-5828. If school is canceled due to inclement weather, body sculpting will be canceled as well.

Please type or print in black ink.

Participant's Name _____ Phone (____) _____ - _____
First MI Last

Email Address: _____ Cell (____) _____ - _____

Address _____ City _____ NY _____

Notification in Case of Emergency: Parent / Guardian (For Participating Minors) or Relative (For Participating Adults)

_____ Relationship _____ Phone(s) _____

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.

Participant or Parent / Guardian If Minor (Print)

Participant or Parent / Guardian (Signature)

Date

Office Use:

Paid: Cash Check > Amount \$ _____ Receipt or Check # _____ Date/Season: _____

Location: Eden United Methodist Church

Instructor: Tina Helenbrook