



# 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 Winiecki, Chairman • Andrew Riedel, Vice Chairman • Michael Alvarez • Cheryl Carpenter • Peter Gugino • Emily Hawkins • Donald Johnson, Jr.

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

## 2019-2020 Friday Night Family Swim

Ages: All Ages (children in grades 4 and below must be supervised by an adult)  
Offered: Oct. 11<sup>th</sup>, Nov. 8<sup>th</sup>, Dec. 13<sup>th</sup>, Jan. 10<sup>th</sup>, Feb. 7<sup>th</sup>, Mar. 13<sup>th</sup> and, Apr. 24<sup>th</sup>  
Location: Eden Senior High School Pool  
Pool Times: 6:30 – 8:30PM  
Registration: Any Friday of Session  
Fee: \$5 per person per session or \$15 per family per session

Please Note: School activities and/or weather conditions may alter schedule. If you have any questions please call the Eden Recreation Department @ 992-3408.

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

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

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

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

Parent Email Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ NY \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ 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

Eden Recreation may use photos taken in printed material.

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

Participant or Parent / Guardian If Minor (Print)

Participant or Parent / Guardian (Signature)

Date

Office Use:

# of Swimmers	Oct. 11 <sup>th</sup> _____	Nov. 8 <sup>th</sup> _____	Dec. 13 <sup>th</sup> _____	Jan. 10 <sup>th</sup> _____	Feb. 7 <sup>th</sup> _____	Mar. 13 <sup>th</sup> _____	Apr. 24 <sup>th</sup> _____
Amount Paid:	Oct. 11 <sup>th</sup> _____	Nov. 8 <sup>th</sup> _____	Dec. 13 <sup>th</sup> _____	Jan. 10 <sup>th</sup> _____	Feb. 7 <sup>th</sup> _____	Mar. 13 <sup>th</sup> _____	Apr. 24 <sup>th</sup> _____