

Oct. 19th

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 • Michael Alvarez, Vice Chairman • 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

2018-2019 Friday Night Family Swim

Ages: Offered:	All Ages (children in grades 4 and below must be supervised by an adult) Sept. 21 st , October 19 th , Nov. 9 th , Dec. 14 th , Jan. 18 th , Feb. 15th and Mar. 15 th				
Location:	Eden Senior High	•	, Dec. 14 , c.	All. 10 , 1 ob. 10a1 a.	IU Mai. 15
Pool Times:	6:30 – 8:30PM				
Registration:	Any Friday of Sess				
Fee:	\$5 per person per	session or \$1	5 per family p	er session	
	l activities and/or weathe Department @ 992-340১		y alter schedule.	. If you have any question	ns please call
Participants Name _	First	· · · · · · · · · · · · · · · · · · ·		Grade level	
	First	MI	Last		
Participants Name _	First			Grade level	
	First	MI	Last		
Participants Name _	First	MI	Last	Grade level	
Participants Name _				Grade level	
Parent Email Address	First	MI	Pho	one ()	
Address			Ci [†]	ity	NY
Notification in Case	of Emergency: Paren	t / Guardian (Fo	or Participating Minc	ors) or Relative (For Partici	pating Adults)
	Relationsh	nip	Phone(s)		
	Relationsh	ıip	Phone(s)		
understand that the risk of Eden, The Town of Eden policies / coverage for spe participants be covered by	f injury may be severe, including n Recreation Department and ponsored Programs Participant	ng the risk of fracture Eden Central Scho its, Coaches, Manag nsurance policy. I fü	re, brain injury, paraly ools DO NOT have a gers, Spectators nor	is risk is inherent in all sports ar ysis or even death. I acknowled and DO NOT provide Acciden r Volunteers. It is strongly rec at Participants, Coaches, Mana	dge that The Town of nt - Health Insurance commended that any
	□ Participant Ha	s Own Accident - He	ealth Insurance Policy	y / Coverage	
	l Have Read, ३	and Hereby Ackno	wledge the Above S	Statement.	
Participant or <i>Pare</i>	ent / Guardian If Minor (Print)	P Office Use:	Participant or Parent /	/ Guardian (Signature)	// Date
# of Swimmers Sept. 21st O Amount Paid:	Oct. 19 th Nov. 9 th	Dec. 14 th	Jan. 18 th Feb	b. 15 th Mar. 15 th	