



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: Jack Cuddihy, Chairman • Michael Best, Vice Chairman • Jon Achtyl • Nancy Carpenter • Peter Gugino • Andrew Riedel • Joseph Winiecki

2795 East Church Street ★ Eden, New York 14057 ★ (716) 992-4400 ★ Fax (716) 992-4131 ★ EdenRec@aol.com

2017- 2018 Friday Night Family Swim

Ages: All Ages (children in grades 4 and below must be supervised by an adult)
Offered: October 20th, Nov. 17th, Dec. 15th, Jan. 19th, Feb. 2nd and Mar. 2nd
Location: Eden Senior High School Pool
Pool Times: 6:30 – 9PM
Registration: Any Friday of Session
NEW Fee: \$3 per person per session or \$10 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 @ 992-4400

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) _____

_____ 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: _____

Received by: _____

ONCE A MONTH

Friday Night Family Swim

OCT 20TH, NOV 17TH,
DEC 15TH, JAN 19TH,
FEB 2ND, MAR 2ND

6:30 - 9PM

EDEN HIGH SCHOOL POOL

\$3 PER PERSON
OR \$10 PER FAMILY
RESIDING IN THE SAME
HOUSEHOLD

Sponsored by the
Eden Recreation Department