Breakfast with

Get your picture taken with Santa, enjoy a show by Sax Man Slim, and hear Mrs. Claus read "The Night Before Christmas"

> Saturday, December 10 9-11am

Town of Tonawanda Senior Center, 291 Ensminger Road



Town of Tonawanda

Chairman, Youth, Parks & Recreation Committee

Youth, Parks & Recreation Department



REGISTRATION FORM

Registration Locations:

Youth, Parks & Recreation Department, 299 Decatur Road, Mon-Fri 8am-4pm Aquatic & Fitness Center, One Pool Plaza, Mon-Fri 6am-9pm, Sat 8am-6pm, Sun 9am-5pm Senior Citizen Center, 291 Ensminger Road, Mon-Fri 8:30am-4:30pm Paddock Chevrolet Golf Dome, 175 Brompton Road, Daily 9am-8pm

	arent/Guardian Name					
	Zip Code					
E-mail Address		Cell Phone ()			
I authorize the TOT Y	outh, Parks & Recreation De	epartment to contact us by e	mail. This can	be change	ed at a later date	
Program Name	Participant's First Name	Participant's Last Name	Birthdate	M/F Circle	Fee	
Breakfast with Santa	1			M F		
				M F		
				M F		
				M F		
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				M F		
ASSUMPTION OF RISK & RELEASE FORM The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the un-						
dersigned, his/her personal repres	sentatives, heirs and/or assigns, DO	DES HEREBY:				
injury or property damage, except	O COVENANT NOT TO SUE the Tove those resulting from the Town's negoe Town from any claims, judgments	egligence, arising out of participation	n in any such class,	, activity, prog	gram or event, and	
UNDERSTAND that participat sumed.	tion in the described activity involves	s danger and risk of injury. The inh	erent danger is und	derstood and	voluntarily as-	
himself/herself and all liability to o	dersigned is aware of equipment and others for failure to do so. No oral re nvalid, it is agreed that the balance t	epresentations or inducements have	e been made prior t	on ASSUMIN to signing this	IG ALL RISK for agreement. If any	
I HAVE READ THIS DOCUMENT STAND AND ASSUME ALL RISK PARTICIPANT BELOW.	AND UNDERSTAND THAT IT IS A S INHERENT IN THIS ACTIVITY O	RELEASE OF CLAIMS ON THE (IN BEHALF OF MYSELF OR IN MY	CONDITIONS SET Y CAPACITY AS LI	FORTH ABO EGAL GUARI	OVE. I UNDER- DIAN FOR THE	
Authorized	d Signature		Date			
		Office Use Only:				
Date:	Initials: Faci	cility	Res Proof			
Method of Payment:	Cash □ Check □ N	MC □ VISA □ Disco	over 🗆 Oth	ner		

Credit Cards not accepted through the mail or over the phone at any location!