



# JEFFERSON VACATION CLUB MEMBERSHIP

Any day that we are open 8am-6pm when school is not (i.e. Superintendent Conference Day, Columbus Day, Spring Break, etc.), is considered a Vacation Club Day. You must sign up and pay for those individually. These days are not included in your Kids Club monthly membership, but your Kids Club membership does get you a discounted Vacation Club daily rate. **REGISTRATION DUE AT LEAST TWO WEEKS IN ADVANCE!**

Adult Registrant or Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  Check in box if your address has changed in the last year  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Activity #	Program Name	Participant(s) Name(s)	Fee 1	Fee 2	Activity #	Program Name	Participant(s) Name(s)	Fee 1	Fee 2
516045-B5	Columbus Day 10/10		\$42	\$32	516045-F7	February Break 2/20		\$42	\$32
516045-C5	Supt Conf Day 11/8		\$42	\$32	516045-F8	February Break 2/21		\$42	\$32
516045-C6	Veterans Day 11/11		\$42	\$32	516045-F9	February Break 2/22		\$42	\$32
516045-C7	Thanksgiving Recess 11/23		\$42	\$32	516045-F10	February Break 2/23		\$42	\$32
516045-C8	Thanksgiving Recess 11/25		\$42	\$32	516045-F11	February Break 2/24		\$42	\$32
516045-D7	Winter Break 12/26		\$50	\$42	516045-G5	Supt Conf Day 3/17		\$42	\$32
516045-D8	Winter Break 12/27		\$42	\$32	516045-H5	Spring Break 4/3		\$42	\$32
516045-D9	Winter Break 12/28		\$42	\$32	516045-H6	Spring Break 4/4		\$42	\$32
516045-D10	Winter Break 12/29		\$42	\$32	516045-H7	Spring Break 4/5		\$42	\$32
516045-D11	Winter Break 12/30		\$42	\$32	516045-H8	Spring Break 4/6		\$42	\$32
516045-E5	Winter Break 1/2		\$42	\$32	516045-J6	Juneteenth 6/19		\$42	\$32
516045-E6	MLK Jr Day 1/16		\$42	\$32	<b>Total Fees:</b> <input style="width: 100px; height: 20px;" type="text"/>				

**Fee 1:** Non-member rate **Fee 2:** Rate for those with active monthly membership for the month the Vacation Club date(s) registering for falls within (e.g. you will not receive the discount for April 5 until you pay for your April Kids Club membership). **DATES/HOURS SUBJECT TO CHANGE AT ANY TIME.** First month's payment due at registration. Fees for the following months must be paid manually by the first of each month (future payments can be made online, in-person, or by mail). **We do not automatically withdraw funds from your account.** We cannot accept payments over the phone. **DATES/HOURS SUBJECT TO CHANGE AT ANY TIME**

### 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 undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

#### Office Use Only:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Facility \_\_\_\_\_ Res Proof \_\_\_\_\_

**Method of Payment:**  Cash  Check  MC  VISA  Discover  Other \_\_\_\_\_ *Credit Cards not accepted through the mail or over the phone at any location!*