



JEFFERSON MIDDLE SCHOOL NIGHTS SEASON PASS REGISTRATION FORM

YPR Department, 299 Decatur Road, 831-1001
 Monday-Friday 8am-4pm with extended hours on Wednesdays until 7pm

Online pre-registration form required before your child can attend: <https://www.surveymonkey.com/r/totmsn22>

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 _____

Participant Name _____ Date of Birth _____ Sex _____

| CODE | TYPE | COST | | |
|----------------------------|-------------------------------|------|------------|----------------|
| JYCMSN (Pass) | Resident MSN Season Pass | \$55 | | |
| | Non-Resident MSN Season Pass | \$70 | QTY | DATE(S) |
| JYCTHDLYA (POS Service) | Drop-In (with Access Card) | \$5 | | |
| | Drop-In (without Access Card) | \$7 | | |

Total Fees:

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!