

JEFFERSON KIDS CLUB MONTHLY MEMBERSHIP RENEWAL

Your monthly membership includes our normal hours (2:45-6:00pm M-F on regular school days). Days school is closed (i.e. Columbus Day, Superintendent Conference Day, Spring Break, etc.) require separate Vacation Club registration, at least two weeks in advance. Dates/hours subject to change at any time.

Parent/Guardian Nan		Cell Phone									
					none						
City	Zip	Code W	Work Phone								
Check in box	if your address ha	is changed in the last y	ear.								
E-mail		I authorize	the TOTY	/PR to d	contact u	ıs by em	nail. This	can be	change	d at a lat	er date.
		Monthly Me Access Card) - Plea				s your	child(ren) v	vill be	atten	ding
List month registering for (i.e. October) Activity # 516045	Participant's First Name	Participant's Last Name	Date of Birth	Sex	Mon	Tue	Wed	Thu	Fri		ys/wee M-F)
					\$30/ \$32	\$30/ \$32	\$30/ \$32				5/\$140 / (sibling
		EXA	AMPLE:							1	
October 516045-B04 & -B05	Joe	Smith	1/2/12	М				\$30	\$30		
manually by the first of mail). We do not autor	f each month (future matically withdraw f	Fees for the following mo e payments can be made unds from your account.	online, in-	-person	, or by	Tot	tal Fe	es:	⇉		
payments over the pho	one.										
Tonawanda ("Town") w undersigned, his/her pers	n requests and is gra hether occurring on it sonal representatives,	anted permission to particip s premises or elsewhere. In heirs and/or assigns, DOES	considera HEREBY:	tion of p	oarticipati	on in an	y such c	lass, act	ivity, pro	gram or	event, the
injury or property damag- further agrees to hold hau 2. UNDERSTAND tha	e, except those resulti rmless the Town from	F NOT TO SUE the Town, its ng from the Town's negliger any claims, judgments or ex described activity involves of	ce, arising penses the	out of pundersi	articipati gned ma	on in any y incur b	y such cl y particip	ass, acti oation in	vity, pro	gram or e cribed act	event, and tivity.
himself/herself and all lia	bility to others for failu	aware of equipment and sa re to do so. No oral represe reed that the balance thereo	ntátions or	inducen	nents hav	ve been	made pri				
	ASSUME ALL RISKS	NDERSTAND THAT IT IS INHERENT IN THIS ACTIV									
Au	uthorized Signature						Date				
			Use Onl	y:							
Date:	Initials:	Facility				Res P	roof				
Method of Paymen	nt: ☐ Cash [☐ Check ☐ MC	□ VIS	A [☐ Disc	cover		Other			

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