



WATERLOO COMMUNITY CENTER SUMMER PLAY PROGRAM

FOR BOYS AND GIRLS ENTERING GRADES K - 6 IN SEPT. '16

DATES: July 5th - August 5th

SITE: Waterloo Community Center, 3 Oak Street

TIME: Monday - Thursdays: 9 am - 3 pm at Waterloo Community Center

Fridays: Out of camp trips or swimming at Vince's Park in Seneca Falls.
Details will be available at start of program.

ACTIVITIES: Sports, games, arts and crafts, day trips, special events, reading program, spray park, playground, and much more.

*This is a FREE program with the exception of activity fees and fees for trips.

**PARTICIPANTS CAN TAKE ADVANTAGE OF
THE FREE LUNCH PROGRAM OR BRING A BAG LUNCH.**

REGISTRATION INFORMATION:

**MUST ATTEND WATERLOO CENTRAL SCHOOLS OR BE A RESIDENT OF THE
TOWN OF WATERLOO, FAYETTE, OR JUNIUS.**

**PROOF OF UP TO DATE IMMUNIZATIONS ARE REQUIRED
BY 1ST DAY OF PROGRAM**

**REGISTER AT THE WATERLOO COMMUNITY CENTER AT 3 OAK ST. OR MAIL
TO P.O. BOX 188, WATERLOO, NY 13165**

*This program is regulated by the Seneca County Department of Health

SUMMER PLAY PROGRAM REGISTRATION FORM

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF 9/16)

ADDRESS _____ MALE / FEMALE (CIRCLE ONE)

PHONE # _____ AGE _____ DATE OF BIRTH ___ / ___ / ___

ANY MEDICAL PROBLEMS OR MEDICATIONS? _____

DOCTOR _____ PH# _____

**MY CHILD HAS PERMISSION TO LEAVE PROGRAM ON HIS/HER OWN
(CIRCLE ONE) YES OR NO**

PARENT/GUARDIAN DATA:

NAME _____ SPOUSE _____

ADDRESS _____ ADDRESS _____

PH # (DAY) _____ (EVE) _____ PH # (DAY) _____ (EVE) _____

EMERGENCY CONTACT NAME _____ PH # _____

****CURRENT IMMUNIZATIONS ARE REQUIRED TO ATTEND THE PROGRAM. PLEASE
PROVIDE COPY OF IMMUNIZATION RECORD FROM CHILD’S PHYSICIAN OR COMPLETE
THE BELOW INFORMATION.**

DATES OF IMMUNIZATIONS:

DIPHTHERIA _____

HAEMOPHILUS INFLUENZA TYPE B _____

HEPATITIS B _____ POLIOMYELITIS _____

MEASLES _____ RUBELLA _____

MUMPS _____ TETANUS _____

VARICELLA (CHICKEN POX) _____

I, the undersigned, agree to let my child participate in the Waterloo Community Center program indicated above. I understand and agree that the Waterloo Community Center, its directors, managers, coaches, and Village of Waterloo Officials shall in no way be held liable for any injury which may occur while participating in the above program. I understand that it shall be my responsibility to transport my child to and from this program. Summer Recreation Programs routinely require extreme physical conditioning and contact. I understand that it is my responsibility, through consultation with a physician to insure that my child is fit to participate in this program. I do, hereby, assume all normal risks and hazards incidental to the conduct of the above named program. I further waive and release the Waterloo Community Center or any personnel appointed by the Waterloo Community Center or the Village of Waterloo.

My child’s counselor and/or director have my permission to give first aid or seek medical attention in the event of injury or illness involving my child.

PARENT/GUARDIAN _____ DATE _____

(SIGNATURE)

**DELIVER OR MAIL COMPLETED FORM TO: WATERLOO COMMUNITY CENTER,
PO BOX 188, WATERLOO, NY 13165**

GIRLS SOFTBALL CAMP



FOR GIRLS ENTERING GRADES 1 - 7 IN SEPT. '16

DATES: Monday, August 1st- Thursday, August 4th

SITE: Waterloo High School Varsity Field

TIME: Grade 1-7 from 12:30-3:00p

FEE: \$45/Camper

\$80/2 Campers in the same family

LATE REGISTRATION FEE (AFTER JULY 15th): Add \$15

**If you are not from Waterloo Central School District student you will need to add \$10 to your registration fee.*

Our Waterloo Softball skills camp will focus on hitting, defense, pitching and catching. Each camper will receive a t-shirt.

If you should have any questions or concerns please contact:

Head Varsity Softball Coach Christal Kent at christal.kent@waterloocsd.org or 315-539-1550 x4164.

YOUTH BOWLING CLINIC



FOR BOYS AND GIRLS ENTERING GRADES K – 12 IN SEPT. '16

CLINIC DIRECTOR: JOHN FOWLER, Former Mynderse Academy Varsity Bowling Coach,
and Gold Level Certified Youth Instructor.

DATES: Wednesdays, July 6th, 13th, 20th, & 27th

SITE: Sunset Bowl

TIME: 7:00 pm – 8:30 pm

FEE: \$50/Person or \$90/2 Persons same family by Thurs. June 30th

LATE REGISTRATION FEE (AFTER JUNE 30th): Add \$15

**REGISTRATION FEE INCLUDES A T-SHIRT, 2 GAMES OF
BOWLING EACH NIGHT, & PIZZA PARTY**

**THIS CLINIC WILL FOCUS ON INDIVIDUAL SKILL DEVELOPMENT, AND FUN!!!
ALL LEVELS ARE WELCOME!!!**

GIRLS BASKETBALL CAMP



FOR GIRLS ENTERING GRADES 4 - 8 IN SEPT. '16

CAMP DIRECTORS: Tim Lincoln, Varsity Girls Basketball Coach, Steve Speno, JV Girls Basketball Coach

DATES: Monday July 18th - Friday July 22nd

SITE: Waterloo High School

TIME: 5:30 pm – 7:30 pm

FEE: \$30/Person by Wed. July 13th

LATE REGISTRATION FEE (AFTER JULY 13th): Add \$10

REGISTRATION FEE INCLUDES END OF CAMP PIZZA PARTY

THIS CAMP WILL COVER BASIC SKILL DEVELOPMENT WITH AN EMPHASIS ON INDIVIDUAL AND TEAM SKILLS, SPORTSMANSHIP AND FUN!!!

YOUTH SOCCER CAMP



FOR BOYS AND GIRLS ENTERING GRADES 1 - 7 IN SEPT. '16

CAMP DIRECTOR: BECCA RESINGER, Waterloo Girls Varsity Soccer Coach

DATES: Monday August 1st – Thursday August 4th

SITE: Waterloo High School Grass Field

TIME: 6:00 pm – 8:00 pm

FEE: \$60/Camper OR \$100/2 Campers same family by Wed. July 27th

LATE REGISTRATION FEE (AFTER JULY 27th): Add \$15

REGISTRATION FEE INCLUDES A SOCCER BALL & CAMP SHIRT

THIS CAMP WILL COVER BASIC SKILL DEVELOPMENT WITH AN EMPHASIS ON INDIVIDUAL FOOT SKILLS, TEAM PLAY, SPORTSMANSHIP AND FUN!!!!

GIRLS VOLLEYBALL CAMP



FOR GIRLS ENTERING GRADES 1 – 12 IN SEPT. '16

DATES: Tuesday, July 5th - Friday, July 8th

SITE: Waterloo High School

TIME: Grade 1-7 from 8:30 am-10:45 am
Grade 8-12 from 10:30 am-1:00 pm

FEE: \$45/Camper

\$80/2 Campers in the same family

LATE REGISTRATION FEE (AFTER JUNE 24th): Add \$15

**If you are not from Waterloo Central School District student you will need to add \$10 to your registration fee.*

Our Waterloo Volleyball camp will focus on instruction that includes developmental training in techniques on passing, setting, attacking, blocking, serving, and defense. Each court will be based on skill level, age, and experience. Every camper will receive a Waterloo Volleyball water bottle. We will also have an end-of-camp party on Friday. If you should have any questions or concerns please contact: Head Varsity Volleyball Coach Christal Kent at christal.kent@waterloocsd.org or 315-539-1550 x4164.

BOYS BASKETBALL CAMP



FOR BOYS ENTERING GRADES 1 - 9 IN SEPT. '16

CAMP DIRECTORS: Kevin Dinan, Varsity Boys Basketball Coach, Sean Sweeney, JV Boys Basketball Coach

DATES: Tuesday, June 28th – Friday, July 1st

SITE: Grades 1-4: Waterloo Middle School Gymnasium

Grades 5-9: Waterloo High School Gymnasium

TIME: Grades 1-4: 8:00-10:00

Grades 5-9: 10:15-12:15

FEE: \$50/Camper OR \$90/2 Campers same family by Wed. June 22nd.

Non-Residents: Add \$10

LATE REGISTRATION FEE (AFTER JUNE 22nd): Add \$15

REGISTRATION FEE INCLUDES A CAMP T- SHIRT AND A BASKETBALL

THIS CAMP WILL COVER BASIC SKILL DEVELOPMENT WITH AN EMPHASIS ON INDIVIDUAL AND TEAM SKILLS, SPORTSMANSHIP AND FUN!!!!

YOUTH WRESTLING CLINIC



FOR BOYS AND GIRLS IN GRADES K – 6 IN SEPT. '16

CAMP DIRECTOR: TYRONE THOMAS, Waterloo Varsity Wrestling Coach

DATES: Tuesday June 28th - Friday July 1st

SITE: Waterloo High School Gymnasium

TIME: 1:00 pm – 3:00 pm

FEE: This is a FREE program

THIS CLINIC WILL EMPHASIZE BASIC SKILL DEVELOPMENT AND STRATEGY, SPORTSMANSHIP, AND FUN!!!!

GIRLS LACROSSE CAMP



FOR GIRLS ENTERING GRADES 1 – 12 IN SEPT. '16

CAMP DIRECTOR: ANDY LEE, Waterloo Varsity Girls Lacrosse Coach

DATES & TIMES:

Grades K – 6: Mon. June 27th – Wed. June 29th, 9 am – Noon

Grades 7 -12: Thurs. June 30th & Fri. July 1st, 9 am - Noon

SITE: Waterloo High School Turf Field

FEE: This is a FREE program

THIS CAMP WILL COVER BASIC SKILL DEVELOPMENT WITH AN EMPHASIS ON INDIVIDUAL AND TEAM SKILLS, SPORTSMANSHIP AND FUN!!!!

CAMP/CLINIC REGISTRATION FORM

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF 9/16)

ADDRESS _____ MALE / FEMALE (CIRCLE ONE)

PHONE # _____ AGE _____ DATE OF BIRTH ___ / ___ / ___

T-SHIRT SIZE: (CIRCLE ONE) YS, YM, YL, AS, AM, AL, AXL, AXXL

ANY MEDICAL PROBLEMS OR MEDICATIONS? _____

DOCTOR _____ PH# _____

PARENT/GUARDIAN DATA:

NAME _____ SPOUSE _____

ADDRESS _____ ADDRESS _____

PH # (DAY) _____ (EVE) _____ PH # (DAY) _____ (EVE) _____

EMERGENCY CONTACT NAME _____ PH # _____

CAMP/CLINIC REGISTERING FOR:

I, the undersigned, agree to let my child participate in the Waterloo Community Center program indicated above. I understand and agree that the Waterloo Community Center, its directors, managers, coaches, and Village of Waterloo Officials shall in no way be held liable for any injury which may occur while participating in the above program. I understand that it shall be my responsibility to transport my child to and from this program. Summer Recreation Programs routinely require extreme physical conditioning and contact. I understand that it is my responsibility, through consultation with a physician to insure that my child is fit to participate in this program. I do, hereby, assume all normal risks and hazards incidental to the conduct of the above named program. I further waive and release the Waterloo Community Center or any personnel appointed by the Waterloo Community Center or the Village of Waterloo.

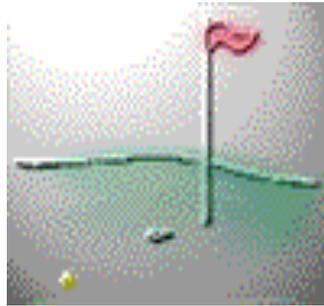
My child's coach and/or director have my permission to give first aid or seek medical attention in the event of injury or illness involving my child.

PARENT/GUARDIAN _____ DATE _____

(SIGNATURE)

**DELIVER OR MAIL COMPLETED FORM WITH PAYMENT TO: WATERLOO COMMUNITY
CENTER, PO BOX 188, WATERLOO, NY 13165**

YOUTH GOLF AT SILVER CREEK GOLF CLUB



Again this summer, Silver Creek Golf Club, Seneca Falls Parks and Recreation and Waterloo Recreation have joined forces to offer a beginner's youth golf program for boys and girls grades 2 thru 5 (as of Sept. 2016).

Registrations will be accepted at **SILVER CREEK GOLF CLUB ONLY**. Please call Silver Creek (539-8076), the Seneca Falls Parks & Recreation Office (568-6933), or Waterloo Community Center (539-5309) with any questions.

THE PROGRAM WILL BE DIRECTED BY NORM SHARMAN (OWNER/OPERATOR OF SILVER CREEK GOLF CLUB) AND HIS STAFF

\$25 FEE

| |
|--|
| <p>SILVER CREEK WEDNESDAY MORNING YOUTH BEGINNERS GOLF CLINIC</p> |
|--|

- WEDNESDAY MORNINGS → JULY 6th, 13th, 20th, and 27th
- BOYS AND GIRLS ENTERING GRADES 2-5 (AS OF SEPTEMBER '16) AS WELL AS OLDER BEGINNERS
- TIMES: GRADES 2-3: 9-10:15am GRADES 4-5: 10:30-11:45am
- GRIP, STANCE, SWING, ETC., AS WELL AS GOLF ETIQUETTE.
- INSTRUCTION ON DRIVING RANGE AND PRACTICE GREEN
- SILVER CREEK WILL PROVIDE CLUBS FOR THOSE IN NEED

2016

WATERLOO/SENECA FALLS JR. GOLF
(CO-SPONSORED BY SENECA FALLS &
WATERLOO REC DEPARTMENTS)

REGISTRATION FORM

PLEASE PRINT:

GOLFER'S NAME _____ DOB ____/____/____ GRADE ____ (as of 9/1/16)

ADDRESS _____ MALE ____ FEMALE ____

HOME PHONE# _____ EMERGENCY# _____

PARENT/GUARDIAN DATA:

NAME _____ SPOUSE _____

ADDRESS _____

PHONE#(DAY) _____ (EVE) _____ PHONE#(DAY) _____ (EVE) _____

EMPLOYER _____



MY CHILD HAS ____ YEARS OF GOLF EXPERIENCE - PLEASE DESCRIBE BELOW:

LIABILITY WAIVER

I, the undersigned, agree to let my child participate in the W'loo/SF Jr. Golf Camp. I understand and agree that SILVER CREEK GOLF CLUB OWNERS AND MANAGEMENT, as well as the SENECA FALLS and WATERLOO REC DEPARTMENTS, their DIRECTORS, COMMISSIONS and OTHER ORGANIZERS, shall in no way be held liable for any injury received at any time during the program, or in going to or from Silver Creek Golf Club. I understand that it shall be my responsibility to transport my child to and from Silver Creek Golf Club.

GOLF is a sport which involves extensive physical exercise. I understand it is my responsibility, through consultation with our family physician, to insure that my child is fit to participate in this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless SILVER CREEK GOLF CLUB, the SENECA FALLS and WATERLOO RECREATION DEPARTMENTS or any of the personnel appointed by their COMMISSIONS and/or GOVERNING MUNICIPALITIES.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

RETURN WITH PAYMENT TO:

SILVER CREEK GOLF CLUB, 1790 E.RIVER RD., WATERLOO, NY 13165

THE WATERLOO COMMUNITY CENTER STAFF, IN ASSOCIATION WITH THE VILLAGE OF WATERLOO, HAVE WORKED HARD IN PREPARING THE ENCLOSED SUMMER PROGRAMS. WE HAVE TRIED TO OFFER SOMETHING FOR CHILDREN OF ALL AGES, AND HOPE YOU WILL TAKE ADVANTAGE OF AS MANY PROGRAMS AS POSSIBLE.

PLEASE NOTE THAT THERE IS A GENERIC REGISTRATION FORM FOR MOST OF THE SUMMER PROGRAMS. FEEL FREE TO MAKE COPIES IF YOU PLAN ON HAVING YOUR CHILD ATTEND MORE THAN ONE. THE SUMMER PLAY PROGRAM, SUMMER GOLF, AND FALL SOCCER HAVE THEIR OWN REGISTRATION FORMS. PLEASE REGISTER FOR THOSE PROGRAMS SEPARATELY.

WITH THE EXCEPTION OF THE SUMMER PLAY PROGRAM, WATERLOO COMMUNITY CENTER SUMMER PROGRAMS ARE OPEN TO CHILDREN OF ALL COMMUNITIES. PLEASE FEEL FREE TO INVITE ANY FAMILY OR FRIENDS FROM OTHER COMMUNITIES TO JOIN US IN THE FUN.

WE LOOK FORWARD TO SEEING MANY OF YOUR CHILDREN PARTICIPATE IN OUR PROGRAMS THIS SUMMER. WE HAVE A GOOD VARIETY OF ACTIVITIES, AND ARE CONFIDENT THAT YOUR CHILD WILL ENJOY WHAT WE ARE OFFERING. IF YOU HAVE ANY QUESTIONS FEEL FREE TO CONTACT US AT 539-5309.

HAVE A SAFE AND HAPPY SUMMER!!

THE WATERLOO COMMUNITY CENTER STAFF

WATERLOO COMMUNITY CENTER JR. SOCCER LEAGUE 2016



BOYS & GIRLS IN GRADES 1 – 6 IN SEPT. '16

REGISTRATION FEE: \$30 PER CHILD

REGISTRATION DEADLINE: JULY 29, 2016

**REGISTRATIONS WILL BE TAKEN AT THE WATERLOO COMMUNITY CENTER MONDAY – THURSDAY, 9:00 AM - 3:00 PM STARTING JULY 5TH. IF THESE TIMES ARE NOT CONVENIENT, YOU MAY MAIL YOUR REGISTRATION AND FEE TO:
WATERLOO COMMUNITY CENTER, PO BOX 188 WATERLOO, NY 13165**

GAMES WILL START IN EARLY SEPTEMBER AND WILL BE PLAYED PRIMARILY ON SATURDAY MORNINGS/EARLY AFTERNOONS

NAME _____ MALE/FEMALE BIRTH DATE _____
ADDRESS _____ T-SHIRT SIZE: YS YM YL AS AM AL AXL AXXL
CITY _____ STATE _____ ZIP _____
PHONE NUMBER(S) _____ SCHOOL GRADE IN SEPT '16 _____
PARENTS NAME _____
ANY MEDICAL PROBLEMS (MEDICATIONS ALSO)? _____

CHILD' S' DOCTOR AND PHONE NUMBER _____

EMERGENCY CONTACT/PHONE NUMBER _____

I, _____, AM INTERESTED IN COACHING SOCCER THIS YEAR.

PLEASE CALL ME AT _____.

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I do, hereby, assume all normal risks and hazards incidental to the conduct of the above named program. I further waive and release the Waterloo Community Center or any personnel appointed by the Waterloo Community Center or the Village of Waterloo.

My child's coach and/or director have my permission to give first aid or seek medical attention in the event of injury or illness involving my child.

PARENT/GUARDIAN

DATE

(SIGNATURE)