



TOWN OF WHEATFIELD NIAGARA COUNTY

6812 Nash Road
North Tonawanda, NY 14120-1099
Phone: (716) 731-3942 Fax: (716) 731-3320
www.wheatfield.ny.us

- League:**
- Minors (8) 9-10
 - Majors 11-12
 - Seniors 13-15

Date: _____ Activity: **Baseball**

Participant's Name: _____

First Last

Street Address: _____

City: _____ State: New York Zip Code: _____

Age as of January 1st, 2020:

(For ages 13-15, use age as of May 1st, 2020:) _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

E-Mail _____ Disabilities or
Address: _____ Allergies: _____

Emergency Contact: _____ Phone #: _____

I also play on a travel or school team: Yes No Name of Team: _____

Special Requests: _____

Position(s) played last year: _____

Uniforms: Once the order is placed, sizes cannot be changed, exchanged, or reordered. Please make sure you order the correct size. Sample sizes are available at the Recreation Dept.

<u>Shirt Size</u>						<u>Pant Size</u>					
Circle one			Circle one			Circle one			Circle one		
Youth	S	M	L			Youth	S	M	L	XL	
Adult	S	M	L	XL	XXL	Adult	S	M	L	XL	XXL

Liability Waiver

Any individual who participates in any sport or program activity of the Town of Wheatfield Recreation Department in the Town of Wheatfield, plays at his/her own risk.

I hereby declare that I am aware of any and all hazards that may result in injury to the individual active participation in any sport of the Wheatfield Recreation Department and assume all responsibility of any injury that may result to him/her. I further state that I completely hold harmless the Town of Wheatfield and the Wheatfield Recreation Department of any responsibility in the event any injury may occur. This also pertains to transportation to and from events via personal vehicle, whether a participant or parent.

In the event the participant is a minor child, up to the age of 18 years of age, the parent(s)/Guardian(s) accepts all responsibility to any injury.

Parent's/Guardian's
Signature: _____

I am a Town of Wheatfield resident. I am **NOT** a resident of the Town of Wheatfield

I understand that the registration fee is Non-Refundable. _____
Initial

Parent's/Guardian's Signature

FOR OFFICE USE ONLY							
Amount \$	_____	Cash	<input type="checkbox"/>	Check #	_____	CC	<input type="checkbox"/>
Residency & birth cert. ckd. Initials:	_____		Receipt #	_____			