



# 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:**  
 Girls 11U (8-11)  
 Girls 14U (12-14)  
 Girls 18U (15-18)

Date: \_\_\_\_\_ Activity: **Girls Softball**

Participant's Name: \_\_\_\_\_

First Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: New York Zip Code: \_\_\_\_\_

Age as of **January 1<sup>st</sup>, 2020:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Disabilities or Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**I also play on a travel or school team.** Yes \_\_\_ No \_\_\_ 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.**

Shirt Size:						Short Size (For 11U):						
Youth	S	M	L			Youth	S	M	L			
Adult	S	M	L	XL	XXL	Adult	S	M	L	XL	XXL	
						Pant Size (For 14U & 18U):						
						Youth	M	L	XL			
						Adult	XS	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

FOR OFFICE USE ONLY

Amount \$ _____	Cash _____	Check # _____	CC _____
Residency & birth cert. ckd. Initials: _____		Receipt # _____	

Parent's/Guardian's Signature \_\_\_\_\_