



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 (9-11)
 Girls 14U (12-14)
 Girls 18U (15-18)

Girls Softball

Date: _____ Activity: _____

Participant's Name: _____
First Last

Street Address: _____

City: _____ State: New York Zip Code: _____

Age as of **January 1st, 2023:** _____ 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 ___ Name of Team: _____

Special Requests: _____

Position(s) played last year: _____

Shirt Size:							Short Size (For 11U):							
Youth	S	M	L				Youth	S	M	L				
Adult	S	M	L	XL	2XL	3XL	Adult	S	M	L	XL	XXL		
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. Initial: _____							Pant Size (For 14U & 18U):							
							Youth	M	L					
							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

Parent's/Guardian's Signature _____

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