



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

Parks & Recreation
Department

Spring

Fall

Date: _____ Activity: **Co-ed Coach Pitch (ages 6, 7 & 8)**

Participant's Name: _____ M F

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/Allergies: _____

Emergency Contact: _____ Phone #: _____

Special Requests: _____

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: _____

Please circle one of the following for child:

Youth shirt size: XS S M L XL

Adult Shirt size: S M L XL

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

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