



Town of Tonawanda Baseball & Softball

Games Starting Late May /early June!!!

Town of Tonawanda Youth, Parks & Recreation Department
is in full swing with registration for :

**Youth baseball, ages 8 (must be 8 by 4/30/18)
through 15 (can't be 16 before 4/30/18)*

**Youth softball, ages 7 (must be 7 by 1/01/18)
through 13 (can't be 14 before 1/01/18)*

Baseball ages:

Leagues Available!

8-10 year olds	(As of 04/30/18)	Class Code	(#213043 Baseball)
10-12 year olds	(As of 04/30/18)	Class Code	(#213044 Baseball)
12-15 year olds	(As of 04/30/18)	Class Code	(#213045 Baseball)

Softball ages:

7-10 year olds	(As of 01/01/18)	Class Code	(#213051 Softball)
10-13 year olds	(As of 01/01/18)	Class Code	(#213052 Softball)

(Boys 8-12, Girls 7-13) Only \$65.00 per player, or \$100.00 for Non residents
(Boys 12-15 Sub Juniors) \$70.00, or \$105.00 for Non residents

Additional Cost for Uniforms, Parties, Etc. are Collected by Each team.

Registration is from February 1, 2018 to April 17, 2018

Sign up at the Youth, Parks & Recreation Office, 299 Decatur Road,
Aquatic Fitness Center, Sr. Center, or Golf Dome

Mail-in registration will also be accepted!

Online registration at www.ttypr.com

If you have any additional questions, please call
the baseball/softball staff at 831-1001.

Kenmore-Tonawanda UFSD neither endorses nor sponsors the organization or activity represented
in this material. The distribution of this material is provided as a community service.

Joseph H. Emminger, Supervisor
Town of Tonawanda

Dan Crangle, Councilman
Chairman, Youth, Parks & Recreation Committee

Jeffrey P. Ehlers, Director
Youth, Parks & Recreation Department



BASEBALL/SOFTBALL REGISTRATION FORM

Online Registration: www.ttypr.com

Walk-in Registration:

YPR Department, 299 Decatur Road, 831-1001
 Aquatic & Fitness Center, One Pool Plaza, 876-7424
 Senior Citizen Center, 291 Ensminger Road, 874-3266

Adult Registrant or Parent/Guardian Name _____

Address _____ Home Phone _____

City _____ Zip Code _____ Work Phone _____

Check in box if your address has changed in the last year.

E-mail Address _____ Cell Phone _____

I authorize the TOTYPR to contact us by email. This can be changed at a later date.

Activity # - section	Participant's First Name	Participant's Last Name	Birthdate	M/F Circle	Fee
				M F	
				M F	
Age group participant played in last year? _____			Team Name _____		
Are you interested in being a coach? Yes _____ No _____					
I would like to play with the following coach / player if possible (Limit 1 name): _____					

Total Fees: ➔

ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

- RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
- UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
- ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

 Authorized Signature

 Date

Office Use Only:

Date: _____ Initials: _____ Facility _____ Res Proof _____

Method of Payment: Cash Check MC VISA Discover Other _____

Credit Cards not accepted through the mail or over the phone at any location!