

Baseball/Softball Registration Form - Family Information (Head of Household/Guardian)						OFFICE USE ONLY
LAST	FIRST	MI	BTHDATE			DATE
ADDRESS (PO Boxes not accepted)					Apt #	
CITY			STATE		ZIP	
HOME PHONE -	WORK PHONE -	EMAIL				INITIALS
EMERGENCY CONTACT			EMERGENCY PHONE			FACILITY

**PARTICIPANT INFORMATION (Sign-up all members from the same family on this form)**

[ Program/ Class. # ]	PARTICIPANT NAME		BIRTHDATE			GENDER	ACTIVITY NAME	ACTIVITY FEES
	LAST	FIRST	MO	DAY	YEAR			
I would like to play for the following team/coach: (Please list in order of preference)						A)		
						B)		

**VOLUNTARY RELEASE FORM**

ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT - Town of Tonawanda Youth, Parks & Recreation Department

The undersigned person requests and is granted permission to participate in the above activity and, if necessary, make use of a "Town of Tonawanda ("Town") facility or field for this purpose.

In consideration of participation in this activity and any use of a Town facility or field in connection therewith, the undersigned, his/her personal representatives, heirs and assigns, DO HERBY:

- RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents for any and all claims and liability arising out of strict liability or ordinary negligence of the Town or any other use of the facility or field which causes the undersigned injury, death or property damage and further agrees to indemnify, defend and 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. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN OF THE PARTICIPANT LISTED BELOW. I VOLUNTARILLY SIGN MY NAME OR, IF DONE ELECTRONICALLY, CLICKING ACCEPT WILL BE EVIDENCE OF MY ACCEPTANCE OF THESE TERMS.

Name of participant: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant or legal guardian (if applicable) \_\_\_\_\_

TOTAL \$ \_\_\_\_\_  
FEES

AMOUNT \$ \_\_\_\_\_  
ENCLOSED

**FORM OF PAYMENT**

**ALL FACILITIES**

CASH  
 CHECK  
 MONEY ORDER

**AFC, GOLF DOME & 2440  
SHERIDAN DRIVE**

VISA  
 MASTERCARD

**THIS WAIVER MUST BE SIGNED OR FORM WILL NOT BE PROCESSED**