



# **Towns of Livonia and Conesus Recreation Baseball / Girls softball Registration Deadline April 1**



Contact Craig Emmerling, Recreation Director, at 329-6700 with any questions

## **Two ways to register:**

- **In person**                      No in person
- **By Mail**                        Forms available either on the back of this page, at the Livonia Town Hall, or online at [www.livoniany.org](http://www.livoniany.org) under "Recreation Services"  
Send to: Recreation; Town of Livonia; PO Box 43; Livonia, NY 14487

## **Levels: Season runs April 17<sup>th</sup> - June 4<sup>th</sup>**

- **T-ball and T-shirt**  
Practice Tuesdays and Thursdays at the Elementary and Branch St. Fields (Subject to change)  
Ages 4-6, must be 4 before May 1  
Practice starts April 25<sup>th</sup>  
Need a commissioner \$450
- **Rookies**  
Practice Tuesdays and Thursdays at Bowen Park  
Ages 7-9  
Need a commissioner \$450
- **Minors**  
Practice Tuesdays and Thursdays at Bowen Park, may travel to area towns  
Ages 9-10
- **Majors**  
Practice Mondays and Wednesdays, may travel to area towns  
Ages 11-12
- \* **Girls Softball**  
May travel to other towns  
Ages 9-12

## ***Coaches are needed for all Teams!***

This program is not a Livonia Central School District program. Procedures, supervision, and insurance for children participating in this event are the responsibility of the Towns and the parents. The distribution of this flyer by LCSD is for informational purposes and in no way should it be considered that the school district endorses the Town Program and it's philosophy. Finally, the Town realizes that LSCD reserves the right to withhold distribution of these materials.

**Towns of Livonia and Conesus**

## Recreation Baseball

### Participant Information

Name (Last, First, MI)	Age	Date of Birth	Sex					
Address (Street)	City		Zip Code					
Shirt Size (please circle)	YS	YM	YL	YXL	AS	AM	AL	AXL

### Parent/Guardian Information

Mother/Legal Guardian		Father/Legal Guardian
Phone (Home)	Phone (Cell)	Email Address

### Medical Information - Basic coverage information

Provider	Subscriber
Group	ID number

### League - please check appropriate box

Select One	League	Cost	Age Group	Practice/Game Days
<input type="checkbox"/>	T-Ball	\$30	4-5	Tues and Thurs
<input type="checkbox"/>	T-Shirt	\$30	5-6	Tues and Thurs
<input type="checkbox"/>	Rookie	\$30	7-8	Tues and Thurs
<input type="checkbox"/>	Minors	\$40	9-10	Tues and Thurs
<input type="checkbox"/>	Majors	\$40	11-12	Mon and Wed
<input type="checkbox"/>	Girls Softball	\$40	9-12	Mon and Sat

**Method of payment (circle one):** Cash Amount \_\_\_\_\_  
 Check made payable "Town of Livonia" Check # \_\_\_\_\_ Amount \_\_\_\_\_

### Parent/Guardian Permission to Participate Statement:

I/We the parents or guardians of \_\_\_\_\_, give our son/daughter approval to participate in any and all activities, including transportation to and from locations and other towns.

I/We know that participation in recreation activities may result in injuries, and protective equipment as well as other safety precautions will not prevent all injury to participants. Therefore, I/we hereby waive, release, absolve and indemnify, and agree to hold harmless the local recreation director, commissioners, local municipality, supervisor, volunteers, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent permitted by law and in the amount covered by accident or liability insurance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date