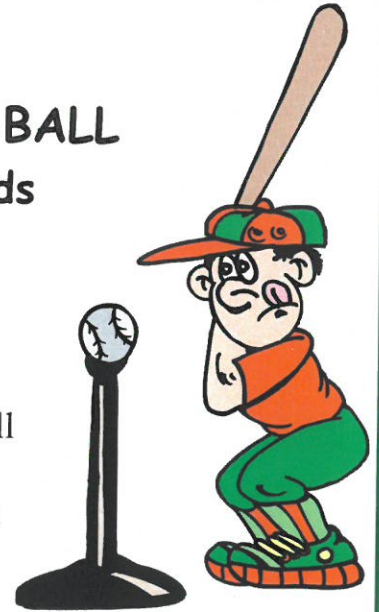




KEN-TON KIWANIS 2019 INSTRUCTIONAL T-BALL Open to All 4 - 6 Year Olds



Players Must be 4 by 04/30/18 and Not Turn 7 before 4/30/18

Beginning Friday, February 1st, 2019 between 8 am - 4 pm, the Town of Tonawanda Youth, Parks & Recreation Department will be accepting registrations for the 2019 T-Ball program. The registration will be at the Youth, Parks & Recreation Department Office, 299 Decatur Road, & the Aquatic & Fitness Center. Registration can now be done on the web at www.ttypr.com.

This 9-week program will be held on Saturdays at Lincoln Park Beginning Saturday, June 1st through August 3rd with an end of season pizza party immediately following games on the 3rd. The times will be on a rotating basis from either 10:15am - 11:30am or 12:15pm - 1:30pm.

The goals of the t-ball program are to teach the basic skills and knowledge of baseball such as fielding skills, throwing, hitting, base running and sportsmanship.

The cost of the program will be:

Residents: \$70.00 (w/o candy) or \$100.00 (with candy)

Non Residents: \$105.00 (w/o candy) or \$135.00 (with candy)

If you want candy bars to sell you must register in person at the Recreation Dept. Players can purchase 60 candy bars to sell or eat, if they choose to accept candy.

After candy bar sales, the 9-week program will cost \$40.00 per resident player and \$75.00 per non-resident player.

This fee includes: Individual Instruction, League Games, T-Shirt Jersey, Hat, and Pizza Party in recognition of all participants.

Registration is limited to the first 180 paid participants or May 8th, so don't delay!

If you have any additional questions,
please call the Scott at 831-1001.



Please make all checks payable to: "Town of Tonawanda"

Class Code # 213041-01

Joseph H. Emminger, Supervisor
Town of Tonawanda

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

Mark D. Campanella Sr., Superintendent
Parks & Recreation Department



T-Ball 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 #	Participant's First Name	Participant's Last Name	Birthdate	M/F Circle	Jersey Size Circle One	Fee
213041-01				M F	YM YL AS	
				M F	YM YL AS	
				M F	YM YL AS	

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!