

# LIVONIA AND CONESUS RECREATION BASEBALL/SOFTBALL



Registration Deadline is Tuesday, March 17th.  
Contact Josh Gascon- Recreation Director, with any questions  
Gasconjosh@gmail.com or (585) 991-9424

## Ways to Register

- In Person- Fireplace Area @ Livonia Public Library. March 17<sup>th</sup> from 4:30PM-6:45PM.
- By Mail- Send forms to: Recreation-Town of Livonia, PO Box 43, Livonia, NY, 14487

### -COACHES NEEDED FOR ALL LEVELS!

-Commissioners needed for -T-Ball/T-Shirts- \$450 Minors/Majors-\$450

#### Baseball

T-Ball- Ages 4-5 (Must be 4 before May 1<sup>st</sup>)

T-Shirts- Ages 5-6

-Practice/Games for both levels will be on Tuesdays and Thursdays at the Elementary School Fields; 5:45pm-7pm

-Both Levels will have their first practice on April 23<sup>rd</sup>. Season runs until June 2<sup>nd</sup>.

Rookies-Ages 7-9

-Practice/Games will be on Tuesdays and Thursdays at Bowen Park; 5:45pm-7pm

-First Practice is on April 21<sup>st</sup>. Season Runs until June 2<sup>nd</sup>. (Will not travel outside Bowen)

Minors-Ages 9-10-Mid April-June

-Practice/Games will be on Tuesdays and Thursdays at Bowen Park; 5:45pm-7pm

\*May Travel to surrounding Towns\*

Majors-Ages 11-12- Mid April-June

-Practice/Games will be on Mondays and Wednesdays at Bowen Park; 5:45pm-7pm \*May Travel to surrounding Towns

#### Softball

-Open to Girls in Grades 2<sup>nd</sup>-6<sup>th</sup>. Seasons will run from Mid-April through the end of June.

10 and Under (10U)

-Practice/Games will be on Monday and Wednesdays at Bowen Park; 5:45pm-7pm.

12 and Under (12U)

-Practice/Games will be on Tuesdays and Thursdays at Bowen Park; 5:45pm-7pm.

-Players will need to register on

[www.Glowacademyny.com](http://www.Glowacademyny.com)

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 Parents. The distribution of this flyer by the LCSD is for informational purposes and in no way should it be considered that the School District endorses the Town Program and its philosophy. Finally, the Town realizes that LCSD reserves the right to withhold distribution of these materials. Towns of Livonia and Conesus

## Recreation Baseball/Softball

Participant Information			
Name (Last, First, MI)	Age	Date of Birth	Sex
Address (Street)	City/Town	Zip Code	
Shirt Size-Please Circle	Youth- S M L	Adult- S M L XL	

Parent/Guardian Information	
Mother/Legal Guardian	Father/Legal Guardian
Phone-	Phone-
Email Address	Email Address

Medical Information- Basic Coverage Information	
Provider-	Subscriber-
Group-	ID Number-

Desired League- Please Check appropriate box				
Check Box	League	Cost	Age	Practice/Games
<input type="checkbox"/>	T-Ball	\$30	4 to 5	Tues./Thurs.
<input type="checkbox"/>	T-Shirt	\$30	5 to 6	Tues./Thurs.
<input type="checkbox"/>	Rookies	\$30	7 to 8	Tues./Thurs.
<input type="checkbox"/>	Minors	\$40	9 to 10	Tues./Thurs.
<input type="checkbox"/>	Majors	\$40	11 to 12	Mon./ Wed.
<input type="checkbox"/>	10U Softball	\$75	10-Under	Mon./ Wed.
<input type="checkbox"/>	12U Softball	\$75	12-Under	Tues./ Thurs.

I would like to be a Coach	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Name (If Yes)-	

I am interested in being a Commissioner	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Name (If Yes)-	

Method Of Payment (Circle)	Check payable to "Town of Livonia"	
Cash	Check	Amount-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Parent/Guradian Permission to Participate Statement:
I/We the parents or guardians of _____, give our son/daughter approval to participate in any and all activites, including transportation to and from locations and other towns.

I/we know that participating in Recreational activites may result in injuries and protective equipment as well as other safety precautions will not prevent all injury to participants. Therefore, I/we ereby waive, release, absolve and indemnify, and agree to hold harmless the local Recreation Director, Commisionners, 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 permitted by law and in the amount covered by accident or liability insurance.

Parent Signature	Date
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Date	Date
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Parent Signature	Date
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Date	Date
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