



P.O. Box 3386  
Santa Cruz, CA 95063

santacruzbaseball1957@gmail.com

## 2023 Santa Cruz Pony Baseball Registration Form

Division: PONY (14U) \$300

2<sup>nd</sup> or More Player \$150

Returning Player:

New Player:

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Jersey/shirt size (xs-4xl): \_\_\_\_\_ Hat size (s/m or l/xl) \_\_\_\_\_

Preferred jersey # (2 digits max & not guaranteed) 1st choice: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

### Consent of a Minor

I, the parent or legal guardian of the above registered child, hereby gives approval for his/her participation in any and all activities of PONY or Colt Baseball during the current season. I hereby release and hold harmless from any and all liability or claims for damage or injury to person or property of the named child arising from or due to participation in said activity of any act or omission caused by Santa Cruz Baseball or PONY/Colt Baseball organizers, supervisors, participants, or conditions of the property. I likewise release from any responsibility any person transporting my child/children to or from any of their activities. More specifically, I understand that participation in sports activity entails risk of personal injury and I knowingly assume risk in consideration of the opportunity to participate in the program. It is mandatory that Santa Cruz Pony Baseball have a signed authorization for emergency medical treatment for your child and your clearance that the player is in satisfactory physical condition to participate in these activities.

In the event of an injury or sickness during the course of league activities, I authorize officials of Santa Cruz Pony Baseball to administer first aid and if necessary, to transport my child to a duly licensed physician or hospital. I would prefer the physician listed below to be called; however, if or when it is not possible, I authorize any licensed physician to administer emergency treatment.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred Physician or Hospital:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If your child has a medical condition that you wish brought to the attention of the manager or coach, such that they will be aware of any potential symptoms and the appropriate response please list here: \_\_\_\_\_

### Equipment Return and Post Season Agreement

I further agree to return at the end of the season any equipment issued to my child in as good of condition as when received, except for normal wear and tear. I agree to pay for any equipment not returned at the procurement cost listed with Santa Cruz Pony Baseball. I also hereby grant permission to Santa Cruz PONY Baseball to use photographs and my child's name in publications, news releases, online, and in other communications related including but not excluded to the league's website and/or Facebook page \_\_\_\_\_ INITIAL HERE

Volunteers are needed if you can help please check:  Manager  Coach  Team Parent  Scorekeeper

Team Sponsorships Email Inquires to [santacruzbaseball1957@gmail.com](mailto:santacruzbaseball1957@gmail.com)

If you need to mail this form please send this completed registration form, with payment, Copy of a Birth Certificate, and a Proof of Residency to Santa Cruz PONY Baseball PO Box 3386, Santa Cruz, CA 95063. PONY Registrations need to be completed by tryouts.

#### For Official Board Use ONLY

Birth Certificate:      Proof of Residency :      Amount Paid:      Check #:      Cash:



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MESTMAKER & ASSOC.

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## **Waiver of Liability, Release**

For and In consideration of the undersigned participant's registration with Santa Cruz Pony Baseball Inc. (Name of Organization) ("Organization") and being allowed to participate In events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, Including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation In events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/ guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities Incidental thereto, and understand that activities Incidental thereto Involve risks to participant's and participant's parent('s)/guardian('s) person Including bodily Injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, Its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releases"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that Included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releases, or negligent supervision or instruction by releases.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon In case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical Insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the Illness or Injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist In Its present form.

Print Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent Signature (if under 18) : \_\_\_\_\_ Date: \_\_\_\_\_