

# 2019 SANTA CRUZ PONY BASEBALL REGISTRATION FORM

Division: Pony (age 13-14) <input type="checkbox"/> \$225			Colt (age 15-16) <input type="checkbox"/> \$240.00 ( 2 <sup>nd</sup> Player \$110.00 )		
Player:		Birth Date:		Gender:	
Street:		City:		Zip:	
Telephone:		Email:			
Father's Name:		Telephone:		Cell:	
Mother's Name:		Telephone:		Cell:	
Email:					
New Player: <input type="checkbox"/> High School:		Returning Player: <input type="checkbox"/> Team:		Positions Played:	
Jersey Size:					

**Consent of a minor**

I, the parent or legal guardian of the above registered child, hereby give approval for his/her participation in any and all activities of PONY Baseball during the current season. I hereby release and hold harmless Santa Cruz PONY Baseball 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 PONY Baseball or PONY 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 indicate here:

\_\_\_\_\_

**Emergency Contact Info**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 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 understand that my player's picture may appear on the league's website. INITIAL HERE \_\_\_\_\_

<p><b>Volunteer Positions</b></p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Coach</p> <p><input type="checkbox"/> Team Parent</p> <p><input type="checkbox"/> Scorekeeper</p>	<p style="text-align: center;"><b>Team Sponsorship</b></p> <p><input type="checkbox"/> Contribution \$ _____</p> <p>For more information on sponsorship call SC Pony League (831)335-6500</p>
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**Mail To:**

**Santa Cruz Pony Baseball**

**PO Box 3386**

**Santa Cruz, CA 95063**

<https://www.facebook.com/santacruzponybaseball>

**FOR LEAGUE INFORMATION ONLY**

Checked By \_\_\_\_\_ Date \_\_\_\_\_

League Age \_\_\_\_\_ Birth Certificate checked \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Eligible for All-Stars Y N Proof of Residency \_\_\_\_\_

Registration Fees are Non-Refundable