



P.O. Box 3386
 Santa Cruz, CA 95063
 831-419-9024
 santacruzbaseball1957@gmail.com

2023 Santa Cruz Colt Baseball Registration Form

Division: COLT (16U) \$310 ALL Credit Card refund request subject to 10% processing fee

Player's Name: _____ Birth Date: _____
 Address: _____ City: _____ Zip: _____
 Parent/Guardian: _____ Phone: _____ Email: _____
 2nd Parent/Guardian: _____ Phone: _____ Email: _____

New Player: Team(if applicable): _____

Consent of a minor (If under 18)

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

Send Completed Registration Form, 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 ASAP. *ALL Credit Card refund request subject to 10% processing fee*



MESTMAKER & ASSOC.

P.O. Box 3386
Santa Cruz, CA 95063
831-419-9024
santacruzbaseball1957@gmail.com

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: _____



P.O. Box 3386
Santa Cruz, CA 95063
831-419-9024
santacruzbaseball1957@gmail.com

COVID-19 has been declared a worldwide pandemic by the World Health Organization. Santa Cruz Pony Baseball ("SCPB") has established preventative measures and policies to reduce the risk of spread of COVID-19. SCPB cannot, however, guarantee that you, your child(ren), will not become exposed to and infected with COVID-19.

This Waiver and Release of Liability Relating to Coronavirus/COVID-19 ("Waiver and Release") is effective for the entire 2021 SCPB baseball season, and encompasses any and all SCPB events and activities ("SCPB activities").

I acknowledge that I have read and understand each paragraph of the Waiver and Release.

I acknowledge that I had the opportunity, before signing the Waiver and Release, to ask questions about, discuss, and work with any of the terms set forth in the Waiver and Release.

I acknowledge and understand the contagious nature of COVID-19, and I voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in SCPB activities, and that such exposure or infection may result in personal injury, illness, disability, or death.

I acknowledge and understand that I am agreeing to the terms set forth in the Waiver and Release, as consideration for my child(ren) being permitted to participate in SCPB activities.

I acknowledge and understand that the risk of becoming exposed to or infected by COVID-19 while participating in SCPB activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCPB employees, volunteers, and all of SCPB's program participants and their families. I acknowledge and understand that it is impossible to eliminate the risk that my child(ren), and my family, become exposed to and infected by COVID-19 when participating in SCPB activities.

I, for myself, my child(ren), my heirs, personal representatives or assigns, voluntarily agree to assume the risk that my child(ren), and my family, may be exposed to, and become infected by, COVID-19, when participating in SCPB activities, and I agree to accept responsibility for any injury that my child(ren), or my family, may experience in connection with SCPB activities, including, but not limited to, personal injury, disability, illness, and death. I voluntarily agree to release SCPB and its officers, directors, agents, volunteers, coaches, and insurers (the "Released Parties") from and against any and all liability, claims, demands, actions, damages, or causes of action of any kind arising from or related to my child(ren) or I being exposed to or infected by COVID-19 when participating in SCPB activities.

The Waiver and Release is limited to claims premised on the negligence of the Released Parties; the Waiver and Release does not apply to claims which are based on the intentional conduct, or reckless disregard, of the Released Parties.

In the event of any dispute arising under or related to the Waiver and Release, the laws of the State of California shall apply.

I UNDERSTAND THAT BY ACKNOWLEDGING THIS WAIVER AND RELEASE, I AM RELEASING CLAIMS WHICH I MAY OTHERWISE HAVE BEEN ABLE TO PURSUE, AND AM GIVING UP SUBSTANTIAL RIGHTS.



P.O. Box 3386
Santa Cruz, CA 95063
831-419-9024
santacruzbaseball1957@gmail.com

Santa Cruz Baseball

2023 SEASON PLAYER INSTRUCTIONS FOR COVID-19

Player's Name: _____ Date: _____

Parent's Name (if under 18): _____ Date: _____

I have been instructed and will respect the following rules for me to play in the Santa Cruz Pony Baseball League and furthermore agree to follow the rules set-forth:

1. No spitting, seeds, gum, or licking my fingers at any time when at the ball field.
2. If I need to cough or sneeze I will face into my elbow or use a tissue; if I use a tissue I will throw it in the trash right away.
3. I will not touch, use, or ask to use another player's equipment.
4. I will wear a face covering while in the dugouts or when asked.
5. I will use the hand sanitizer in between innings and whenever the coach tells me.
6. I will stay in my assigned space and keep my equipment in this space whenever at the ball field.
7. I will stay 6' away from teammates and coaches when possible.
8. No handshakes, high/low fives, fist/elbow bumps or other touches are permitted. I will cheer for my teammates and the opposing team using baseball cap "tips", thumbs up, and clapping.

I will follow all the rules of my coach and parents to stay safe. I know that if I break the rules I may be removed from the team and will not be able to play baseball this year.

Player Signature (Required): _____

Parent Signature (Required if under 18): _____