



# Orangecrest PONY Baseball, Inc. Registration Form

**REG #** \_\_\_\_\_  
Division \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Parent Names: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
 Last Year: Team: \_\_\_\_\_ Division: \_\_\_\_\_ League: \_\_\_\_\_

<b>League Use:</b> Birth Cert ( Y / N )	Residence ( Y / N )	League Age:	President's Initials:
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### Emergency Contact/Medical Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 Family Doctor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Participation in baseball requires the ability to run, throw, swing a bat, catch a ball and understand the rules of the game. Does your child have any of the following conditions:

Physical Limitations	Yes	No	List: _____
Medical/Mental Conditions	Yes	No	List: _____
Allergies to Medicine	Yes	No	List: _____
Current Immunizations	Yes	No	Last Tetanus Booster Date: _____

If other conditions apply, please explain: \_\_\_\_\_

### Medical Treatment Release

In case of emergency, I hereby authorize the emergency medical treatment of (player name) \_\_\_\_\_  
 by an emergency health care provider. Parent / Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent / Guardian Release and Indemnity Agreement

I, the parent / guardian of the above named candidate for a position on a PONY Baseball team, hereby give my approval for my child to participate in any and all league activities, including, but not limited to, transportation to and from activities. I know that participation in baseball, and transportation to and from activities, may result in serious injuries. I understand that protective equipment does not prevent all injuries to players. I do hereby agree to waive, release, absolve, indemnify, defend and hold harmless Orangecrest PONY, its officers and directors, and PONY Baseball Inc. and all organizers, sponsors, supervisors, coaches and participants, including persons transporting my child to and from activities, for all claims arising out of any bodily injury or other injury to my child, whether such injuries are the result of negligence or any other cause, except to the extent that such bodily injury or other injury results from the sole active negligence of Orangecrest PONY, PONY Baseball, Inc., the organizers, sponsors, supervisors, coaches or participants, including persons transporting my child to and from activities. This release and indemnity agreement shall not apply to the extent that such bodily injury or other injury is covered by accident or liability insurance maintained by Orangecrest PONY Baseball.

Parent / Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### FEES:

Sign UP Fee\* \$ \_\_\_\_\_  
 RUSD Fee \$ \_\_\_\_\_  
 Membership FEE \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Sponsorship \$ \_\_\_\_\_

#### UNIFORM SELECTION

Jersey Size: YXXS YXS YS YM YL AS AM AL AXL AXXL

Adult Member Name: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Adult Member Name: \_\_\_\_\_

Method of Payment:  Cash  
 Credit Card

\*Financial arrangement can be made if required

**In an effort to keep registration fees as low as possible, all players will be required to participate in up to two league fundraisers and parents/guardians will also be required to work the snack bar at Andulka Park.**

**\*No Refunds After  
Player Placement**

\_\_\_\_\_ Initial

\_\_\_\_\_ Initial