



PONY BASEBALL AND SOFTBALL PALOMINO/THOROBRED LEAGUE PLAYER'S CONTACT

COMBINED COLT/PALOMINO PALOMINO COMBINED PALOMINO/THOROBRED THOROBRED

Player's First name _____ M.I. _____ Player's Last Name _____ Telephone (Area Code and Number) _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Date of Birth _____ League Age _____ Driver's License Number _____

Name of Team _____ Season _____

Name of High School _____

I hereby certify that I have verified, to the best of my abilities, that the player listed hereon meets the eligibility requirements for Combined Colt-Palomino, Palomino, Combined Palomino/Thorobred or Thorobred League Baseball, resides within the boundaries approved for this team, and is of proper age and amateur status.

_____ Print / Type Team Manager Name

_____ Print / Type Player Agent Name

_____ Signature of Team Manager

_____ Signature of Player Agent

I hereby agree to play baseball with the above named Combined Colt-Palomino, Palomino, Combined Palomino/Thorobred or Thorobred League team for the season listed hereon; not to play for any other Combined Colt-Palomino, Palomino, Combined Palomino/Thorobred or Thorobred League team unless properly traded to it, and to attempt to avoid participation with any other baseball organization that will conflict with my activity and playing schedule as a Combined Colt-Palomino, Palomino, Combined Palomino/Thorobred or Thorobred League player.

I hereby certify that the information contained hereon relative to my age and residence is correct, and that I have retained my amateur status as a player.

I agree to take proper care of the uniform and such other equipment issued to me by the league, and to return it to the proper league official when requested to do so by league officials.

I hereby grant permission to the manager, coach, trainer, or business manager of my team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for me, in the event I am injured or ill or become incapacitated. This authorization is valid only while I am away from my legal address for the purpose of participating in league activities including the period required for travel to and from those activities, and I do hereby agree to, waive, release, absolve, indemnify, and hold harmless PONY Baseball, Inc., the local Combined Colt-Palomino, Palomino, Combined Palomino/Thorobred or Thorobred League, and PONY Baseball organization, the organizers, supervisors, participants, and person transporting me to and from those activities, for any and all claims arising out of an injury to me except to the extent, and in the amount covered by accident and/or liability insurance held by the team and/or league.

Player's Typed Name _____

Player's Signature _____

_____ Date

Parent's Typed Name _____

Parent's Signature _____

(Required for players not of legal age) _____ Date

Please list medicine(s) that player is known to be allergic to: _____