



PLAYER REGISTRATION FORM
CORONA PONY YOUTH BASEBALL

387 Magnolia Avenue, Suite 103-318
Corona, CA, 92879
Website: www.coronapony.org
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OFFICIAL USE ONLY

DIVISION
MANAGER
DRAFT #

PLAYER'S LAST NAME FIRST NAME BIRTHDATE

ADDRESS TELEPHONE

CITY STATE ZIP

EMAIL ADDRESS:

SCHOOL ATTENDED:

SHIRT SIZE: XS YS YM YL AS AM AL AXL A2XL (Circle one)

COACH/FRIEND/SIBLING REQUEST: (APPLICABLE TO FOAL & SHETLAND DIVISIONS ONLY AND FOR SIBLINGS IN ALL OTHER DIVISIONS. (WE CANNOT GUARANTEE ALL REQUESTS WILL BE GRANTED.)

IF PLAYER IS ON A FROZEN ROSTER, LIST MANAGER'S NAME:

PARENT / GUARDIAN INFORMATION

FATHER/GUARDIAN

CELL PHONE NUMBER

MOTHER/GUARDIAN

CELL PHONE NUMBER

INTERESTED IN VOLUNTEERING FOR: MANAGER COACH TEAM REP FIELD MAINT OTHER

REFUND POLICY AND CODE OF CONDUCT & DISCIPLINARY POLICY

CPYB REFUND POLICY IS AVAILABLE ON THE CPYB WEBSITE. BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ABIDE BY THE LEAGUE REFUND POLICY AND HAVE RECEIVED A COPY OF THE CPYB CODE OF CONDUCT & DISCIPLINARY POLICY.

SIGNATURE

WAIVER OF LIABILITY AND DISCLAIMER

I, THE PARENT OR GUARDIAN OF THE ABOVE NAMED INDIVIDUAL, ACKNOWLEDGE THAT PARTICIPATION IN ATHLETIC EVENTS NECESSARILY INVOLVES RISK OF PHYSICAL INJURY. I FURTHER ACKNOWLEDGE THAT THE PROGRAMS OF CORONA PONY ARE PRIMARILY ADMINISTERED BY PARENTS WHO VOLUNTEER THEIR TIME RATHER THAN PAID PROFESSIONALS. IN CONSIDERATION FOR ACCEPTING THE REGISTRATION OF THE ABOVE NAMED INDIVIDUAL AND PERMITTING THE VOLUNTARY PARTICIPATION OF SAID INDIVIDUAL IN ITS PROGRAM, I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS CORONA PONY, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES FROM ANY CLAIMS ARISING OUT OF OR RELATING TO ANY PHYSICAL INJURY THAT MAY RESULT TO SAID INDIVIDUAL WHILE PARTICIPATING IN CORONA PONY ACTIVITIES, INCLUDING ANY PHYSICAL INJURY CAUSED BY THE NEGLIGENCE OF ANY OFFICIAL, UMPIRE OR VOLUNTEER WHILE PERFORMING HIS/HER DUTIES INVOLVED WITH CORONA PONY. COLLECTION OF DATA *NEW CA-16 PONY RESERVES THE RIGHT TO COLLECT DATA FROM PLAYERS, PARENTS, LEAGUE OFFICIALS AND UMPIRES. COLLECTION OF THIS DATA GOVERNED BY THE PONY DATA MANAGEMENT POLICY.

SIGNATURE DATE

EMERGENCY CONTACT IN THE EVENT CHILD BECOMES ILL OR INJURED AND NEITHER PARENT CAN BE REACHED.

NAME PHONE #

HAS PLAYER PLAYED IN ORGANIZED BASEBALL BEFORE? YES NO

HAS PLAYER PLAYED IN CORONA PONY BEFORE? YES NO

IF YES, LIST LAST SEASON/YEAR PLAYED:

DOES THIS CHILD HAVE ANY DISABILITIES, HANDICAPS, PRESENT INJURIES OR LIMITATIONS, ALLERGIES, HEMOPHILIA, HEART CONDITIONS, HISTORY OF RESPIRATORY ILLNESS OR ANY OTHER SIGNIFICANT MEDICAL CONDITIONS? YES NO

IF YES, EXPLAIN:

OFFICIAL USE ONLY

CHECKED BIRTH CERTIFICATE

LEAGUE AGE

REGISTRATION FEE

CREDIT CARD FEE

TOTAL DUE

PAYMENT OPTIONS

CHECK #

CASH

CREDIT CARD

TOTAL PAID

MULTIPLE PLAYERS LIST NAME(S) & DIVISION(S)

INITIALS DATE

ALL RETURNED CHECKS ARE SUBJECT TO A MINIMUM \$25 FEE AND POSSIBLE REFERRAL TO THE RIVERSIDE DISTRICT ATTORNEY'S OFFICE