

Southeast PONY Baseball

SOUTHEAST VALLEY

2017 Individual Registration Form for Team

Team Name: _____ Team Division: _____
Player's Name: _____ DOB: _____
Street Address: _____ City: _____ Zip code: _____
Primary Parent Name: _____ Home/Cell (please circle) Phone: _____
Secondary Parent Name: _____ Home/Cell (please circle) Phone: _____
Email Address: _____

REMEMBER: LEAGUE AGE IS DETERMINED BY PLAYER'S AGE AS OF APRIL 30, 2018 (BIRTH CERT. REQUIRED)

WAIVER: I have been notified (via this registration form) that Southeast Valley PONY Baseball's (SVPB) insurance policy is secondary to my insurance policy. I understand that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless SVPB, PONY Baseball, Inc., the organizers, sponsors, supervisors and other participants for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I hereby grant my permission for a responsible league official to call upon emergency medical services if necessary. Initials: _____

Please check here if there have been updates in your Medical Insurance since last provided: _____

I further agree to abide by the SVPB Code of Conduct for Athletes and Parents. Initials: _____
Further details can be found at www.svponybaseball.org

I understand that the registration fee includes only a full season of games Initials: _____

Parent/Guardian Signature: _____ Date: ___/___/___

For League use only

Registration received by: _____

Amount received: \$ _____

Forms Received Birth certificate Medical Release
 On File Code of Conduct

Paid with: Cash Check#
 Credit Card Exp: _____ Last 4 digits: _____