

PONY

COAST | SOUTH
DIVISION

Division _____

REGISTRATION/EMERGENCY MEDICAL FORM

PRINT ALL INFORMATION EXCEPT WHERE NOTED

LEAGUE NAME: VENTURA COAST YOUTH BASEBALL

LEAGUE USE ONLY

PLEASE PRESS HARD WHEN FILLING OUT FORM SO PRINT WILL SHOW ON ALL COPIES

PLAYER NAME (Last, First, Middle)		PHONE	
DATE OF BIRTH	SCHOOL	GRADE	
PREVIOUS EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	YRS EXP	RETURNING PLAYER TO THIS LEAGUE AND/OR DIVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO DIV. TEAM	
THROWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	ADDITIONAL INFORMATION		
POSITIONS PLAYED?			
PLAYER ADDRESS (Street Address, City, Zip)			
RESIDES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER (Please identify)			
FATHER'S NAME		PHONE	
ADDRESS (if different than Player)			
EMPLOYER	HRS.	WORK PHONE	
MOTHER'S NAME		PHONE	
ADDRESS (if different than Player)			
EMPLOYER	HRS.	WORK PHONE	
MEDICAL INSURANCE COMPANY		POLICY NO.	
PHYSICIAN AND/OR MEDICAL FACILITY		PHONE	
LOCATION			
MEDICAL CONDITION OR PHYSICAL LIMITATION (IF ANY)			

WE NEED VOLUNTEERS

Pony Baseball/Softball is a volunteer organization comprised of parents from this league. Our program is operated mainly on donations from our local community, and the members of our organization. If you would like to donate time and/or material, or know someone who will, please contact a board member. Because Pony Baseball/Softball is a volunteer organization, we ask parents to volunteer a few hours of time to assist with the upkeep of the fields, and/or assistance in the operation of the facilities (ex: snackbar, etc.). The assistance is greatly appreciated by the league, its officials, and the youth that participate in this program. Thank you!

Please the appropriate box if you would like more information on:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> MANAGER | <input type="checkbox"/> UMPIRE |
| <input type="checkbox"/> COACH | <input type="checkbox"/> SPONSORSHIP |
| <input type="checkbox"/> TEAM MOM | <input type="checkbox"/> DONATION |
| <input type="checkbox"/> MAINTENANCE | <input type="checkbox"/> SNACK BAR |
| <input type="checkbox"/> OTHER _____ | |

NAME: _____ PHONE: _____

LEAGUE USE ONLY

S=SHETLAND; PT=PINTO; M=MUSTANG; B=BRONCO;
PO=PONY; CO=COLT; PL=PALOMINO; SB=SOFTBALL

BIRTHDATE _____
VERIFIED BY _____

LEAGUE AGE _____ DIV _____
Age of player by April 30

BIRTH CERTIFICATE NEEDS TO BE VERIFIED

LIST DIVISION AND NAME OF OTHER PLAYERS IN FAMILY

	FEE
PLAYER FEE.....	\$ _____

SNACK BAR FEE.....	\$ _____
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SIBLING DISC.....	\$ _____
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_____	\$ _____
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TOTAL	\$ _____
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PAYMENT	\$ _____
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DATE REC/INITIALS _____	
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BALANCE	\$ _____
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BALANCE DUE DATE _____	
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ENTERED INTO DATABASE DATE _____ BY _____

In signing this agreement, I also understand that NO REFUND of registration fees or other monies will be given after my child has been assigned to a team.

PARENTAL CONSENT, RELEASE & AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

(List three people over the age of 21)

1) Name _____ Phone _____
Address _____

2) Name _____ Phone _____
Address _____

3) Name _____ Phone _____
Address _____

MEDICAL RELEASE: I/we, the parent(s) or legal guardian of the above named player do hereby grant permission to the manager, coach, or adult listed above to obtain medical care from any licensed physician, hospital or medical clinic at such time as either parent, legal guardian cannot be contacted in person or by phone.

PARENTAL CONSENT: I/we, the parent(s) or legal guardian of the above named player do hereby give my approval for his/her participation in Pony Baseball/Softball in effect for the current season, and will return any uniform and equipment issued to the player in as good condition as when issued except for normal wear and tear, or I will pay the cash equivalent of such uniform or equipment. I will not at any time remove the player from a playing or practice field without the prior knowledge of a team or league official.

RELEASE: I do hereby waive, release, absolve, indemnify and agree to hold harmless Pony Baseball/Softball, the league, its officers, and the team manager and coaches, from any claim arising out of any injury to the above named player while involved in league activity, or transportation thereof.

X _____
SIGNATURE OF PARENT OR GUARDIAN DATE

PLAYER RECEIPT

LEAGUE OFFICIAL: _____ \$ AMOUNT PAID: _____ CHECK #: _____ DATE: _____