

SAN JOSE PACIFIC PONY BASEBALL REGISTRATION FORM

DIVISION: Shetland (age 4-6) Pinto (age 7-8) Mustang (age 9-10) Bronco (age 11-12) Pony (age 13-14)

PLAYER INFORMATION

First Name:	Last Name:
Date of Birth:	Gender: BOY / GIRL
Street:	City: Zip:
Player status: NEW / RETURNING	Years played in organized baseball:
School:	Pant size: Shirt size:

PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
Phone:	Alternate Phone:
E-Mail:	

SECOND PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
Phone:	Alternate Phone:
E-Mail:	

EMERGENCY INFORMATION

Contact Name:	Relation:
Emergency Contact Phone:	
Preferred Physician:	Preferred Hospital:

If your child has a medical condition that you wish brought to the attention of the manager or coach, such that they will be aware of any potential symptoms and the appropriate response please indicate here:

SHETLAND ONLY: Desired teammate or manager:

CONSENT OF A MINOR

I, the parent or legal guardian of the above registered child, hereby give approval for his/her participation in any and all activities of PONY Baseball & Softball during the current season. I hereby release and hold harmless from any and all liability or claims for damage or injury to person or property of the named child arising from or due to participation in said activity of any act or omission caused by San Jose Pacific Pony Baseball or PONY Baseball & Softball, the organizers, supervisors, participants, or conditions of the property. I likewise release from any responsibility any person transporting my child/children to or from any of their activities. More specifically, I understand that participation in sports activity entails risk of personal injury and I knowingly assume risk in consideration of the opportunity to participate in the program. It is mandatory that San Jose Pacific Pony Baseball have a signed authorization for emergency medical treatment for your child and your clearance that the player is in satisfactory physical condition to participate in these activities.

In the event of an injury or sickness in the course of league activities, I authorize officials of San Jose Pacific Pony Baseball to administer first aid and if necessary to transport my child to a duly licensed physician or hospital. I would prefer the physician listed below to be called; however if or when it is not possible, I authorize any licensed physician to administer emergency treatment.

I've read and agree to the terms and conditions listed above.

EQUIPMENT RETURN & POST SEASON

I further agree to return at the end of the season any equipment issued to my child in as good of condition as when it was received, except for normal wear and tear. I agree to pay for any equipment not returned at the procurement cost listed with San Jose Pacific Pony Baseball.

I've read and agree to the terms and conditions listed above.

SNACK SHACK

In registering my child to participate with the San Jose Pacific Pony Baseball I understand that I, as a parent or guardian, am obligated to work a minimum of 3 hours in the snack shack.

I've read and agree to the terms and conditions listed above.

FUNDRAISING OBLIGATION

In order to keep registration costs down, each player is obligated to participate in the fundraising program by paying the \$50 fundraising fee.

I've read and agree to the terms and conditions listed above.

Signature of Parent / Guardian:

Date:

VOLUNTEERS

Manager Coach Umpire Team Parent Opening Day Tournaments Board Member

SPONSORSHIPS

League Champion (\$1000) All Star (\$750) Grand Slam (\$500) Home Run Hitter (\$250) Slugger (\$150)

For more information on sponsorships, please refer to our web page at www.sjppb.org/sponsors/

FOR LEAGUE USE ONLY			Mail to: San Jose Pacific Pony Baseball PO Box 36115 San Jose, CA 95158 (408) 536-0657 www.sjppb.org
Checked by: _____	Date: _____	League Age: _____	
Amount Due: _____	Amount Paid: _____	Balance Due: _____	
Check#: _____	Name on Check: _____		
Birth Certificate checked <input type="checkbox"/>	Eligible for All-Stars <input type="checkbox"/>		