



2008 Player Registration and Medical Release Form
 GWBA Pony & Colt Baseball Program
 PARENTAL AUTHORIZATION – MEDICAL RELEASE FOR
 PARTICIPATION IN ALL BASEBALL ACTIVITIES

Player Registration Fee \$195.

Player Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Player Date of Birth _____ Age _____

Home Telephone Number _____ Parent Email address _____

Parent Name _____

Parent Cellular Number _____ Parent Work Number _____

Player Information

School Player Attends _____ Grade _____

Number of Years Played Baseball _____ Positions I like to Play _____

Any special circumstances – needs - medical conditions _____

Parent Volunteer Information –please circle

I will Volunteer: **MANAGER** **COACH** **TEAM VOLUNTEER**

I have Managed a Baseball Team Before: YES NO

I have Coached a Baseball Team Before: YES NO

I will Volunteer to Sell Field SIGNS / Advertising YES NO

I will Volunteer to Support my Player's Team as:

Equipment: Organize and Manage team needs: YES NO

Scheduling: Assist Team in rescheduling games: YES NO

Field Prep: Raking Field prior/after games: YES NO

Concession Stand: I will Volunteer time: YES NO

Uniforms: I will assist in distributing uniforms: YES NO

Team Pictures: I will assist in scheduling, etc: YES NO

Registration: I will assist where needed: YES NO

WEB Site: I will assist in managing: YES NO

I WILL NOT Volunteer for My Player's Team YES NO

I, AS THE PARENT OR GAURDIAN of (player's name) _____ do hereby give my approval for their participation in any and all PONY Baseball or Softball league activities. I hereby grant my permission to managing personal or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither a parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from activities: and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league organization, PONY BSAEBALL / SOFTBALL, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, upon request of league officials, and to return upon request the uniform and the equipment issued to the player in as good condition as when received, except for normal wear and tear in league activities.

Accident insurance for this player provided by _____

Insurance Policy or Cert Number _____

Signature of Parent or Legal Guardian _____

Relationship _____ Date _____

Printed Name _____

Player Shirt Size _____

Check No. _____ Cash _____ Paid in Full _____