

BELLFLOWER PONY BASEBALL LEAGUE REGISTRATION FORM

PLAYER INFORMATION

Please Print & Press Firmly

Name _____
(First) (Last)

Address _____

City _____ State _____ Zip _____

Phone: _____
Male/Female

Birthday: _____ Age: _____
After April 30th, 2010

Did you play for BPBL last year? Yes / No
 If Yes,
 What Division/Team: _____

Jersey Size: Youth _____ Adult _____
 Jersey Number: 1st _____ 2nd _____

Special Requests/Comments:

FOR LEAGUE USE ONLY			
Date: _____		Returning Player: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Draft	<input type="checkbox"/> Same Team (Name) _____		
<input type="checkbox"/> Option Player (Team Name) _____			
Circle Appropriate Division			
<u>Division</u>	<u>Age</u>	<u>Rate</u>	<u>Birth Certificate</u>
Yearling	2 ½ - 4	\$ _____	<input type="checkbox"/> Verified On File
Shetland	5-6	\$ _____	<input type="checkbox"/> Received/Copied (attached)
Pinto	7-8	\$ _____	<input type="checkbox"/> NOT Verified (Pending)
Bronco	9-10	\$ _____	Initial _____
Mustang	11-12	\$ _____	
Pony	13-14	\$ _____	
Early / Reg Registration	\$ _____	<u>Snack Bar Deposit</u>	
Snack Bar Deposit	\$ _____	Paid <input type="checkbox"/>	Date: _____
Sibling / Hardship Discount	\$ _____	Refunded <input type="checkbox"/>	Date: _____
Total Due	\$ _____	<u>Fundraisers</u>	
Balance Due	\$ _____	In-n-Out	\$ _____
Paid	\$ _____	Check	# _____
Total Paid	\$ _____	Raffle Tix	\$ _____
		Check	# _____
<input type="checkbox"/> Check # _____ # _____		<input type="checkbox"/> Cash	
Registered by: _____			

MOTHER/GUARDIAN Primary Contact: Yes No (circle)

Name _____
(First) (Last)

Address _____

If different from above

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

FATHER/GUARDIAN Primary Contact: Yes No (circle)

Name _____
(First) (Last)

Address _____

If different from above

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

<u>Indicate League Positions You Might Be Interested In:</u>				
_____ Board Member	_____ Manager/Coach	_____ Scorekeeper	_____ Team Mom	_____ Other _____

PARENT/GUARDIAN RESPONSIBILITY AND CONSENT

I, the parent/guardian of the registered player, agree to adhere to the Bellflower Pony Baseball League (BPBL) by-laws, Rules of Conduct and Playing Rules of Pony Baseball League and that any violation of these rules may result in disciplinary actions. I am also aware that each registered player of Bellflower Pony Baseball League is required to participate 100% in the defined major Fundraiser(s) the league has each session (WORK 2 HOURS SNACK BAR, SELL 3 EACH IN-N-OUT TICKETS, SELL 5 RAFFLE TICKETS).

EMERGENCY INFORMATION

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? Yes _____ No _____ (If YES, Please state problem) _____

EMERGENCY AUTHORIZATION

I, undersigned, parent or legal guardian of the participant, a minor, hereby authorize BPBL, Managers, Coaches, or Parents of team acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. This authorization shall remain in effect throughout the BPBL season.

If there is an emergency and I cannot be reached, please contact: Name _____ Phone _____

WAIVER OF LIABILITY AND DISCLAIMER

To induce BPBL to accept registration and permit participation in BPBL, by the named individual. I the parent or guardian of said individual, hereby give my consent and agree to release, indemnify, and hold harmless BPBL, its Officers, Managers, Coaches, the City of Bellflower and their representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

SIGNED _____

Parent/Guardian

Date