

Long Beach Pony League P.O. Box 92973 Long Beach CA 90809-2473	2010 SPRING PLAYER REGISTRATION FORM
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Age Limits - Pony League players must be 12, 13 or 14 years old as of April 30, 2010. All players must provide legal proof of age at registration. Players meeting age requirements for the next Pony Regular Season are eligible for the Winter League Program.

League Boundaries - Any player may register to play in the League. Long Beach Pony League official boundaries are east of Cherry Ave. south of Conant St., to Los Coyotes Diagonal, to south of Carson St., to west of Orange County and to the Pacific Ocean. Players outside of these boundaries may participate in League play but may not be eligible for tournament participation.

League Playing Fee - Player fees are due at registration. Pony Spring fees are \$255.00 per player. (\$235 before 12/13/09). Any player not selected will have their fees returned in full. There will be no refunds after players are selected to teams. No player will be allowed to either play or practice until all fees are paid. (NOTE: By signing below, one parent or guardian of each team member will be required to work in the Snack Shack. If the child is in post-season play, you will be required to work additional shifts during that time)

Player Name:		Birth date:	
Address:		Apt:	
City:	State:	Zip:	
School:		Grade:	
Home Phone:		Work Phone:	
Parents Info	Father	Mother	
Name			
Occupation			
Cell Phone			
Email address			
Are you willing to help in any of these areas? Please check the box(es) where applicable.			
Coach? <input type="checkbox"/>	Manager? <input type="checkbox"/>	Board Member? <input type="checkbox"/>	Committee Member? <input type="checkbox"/>
Sponsor? <input type="checkbox"/>	Scorekeeping? <input type="checkbox"/>	Field Work? <input type="checkbox"/>	Team Parent? <input type="checkbox"/>
Player Information / Playing Experience			Years Played:
Prior Year – League:			Level:
BATS: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Switch Hitter			PITCHER? <input type="checkbox"/> Yes <input type="checkbox"/> No
THROWS: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed			CATCHER? <input type="checkbox"/> Yes <input type="checkbox"/> No

To Be Completed By League Official - SPRING Season Pony 2010

Registration Fee Rcvd:	Check #:	Cash? <input type="checkbox"/>
Confirmed Birthday:	League Age:	
Registering League Official:	Date:	

Medical Information:

Emergency Contact _____ Phone (____) _____

Address _____ City _____ State _____ Zip Code _____

Secondary Contact (if any) _____ Phone (____) _____

Doctor Contact: _____ Phone (____) _____

Medical History: Is there anything at that we should know about this player (i.e. Allergies, handicaps, disabilities, present injuries, hemophilia, heart conditions, respiratory illness or any other significant medical condition)

Medical Insurance: _____

Policy Number: _____

Emergency Authorization

I/We, the undersigned parent, parents or legal guardian, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions: _____

This consent shall remain in effect until September 1, 2010

Waiver of Liability and Disclaimer:

I/We, the parent or legal guardian of the above named applicant, who is a candidate for a position on a Long Beach Pony League baseball team, hereby give my approval to this child's participation in any and all activities of the League during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I/We have been warned that baseball is a dangerous sport and that the applicant must be in good health to participate, obey all the rules and play in a safe manner.

I/We have been made aware that the applicant must wear appropriate safety equipment while participating in the League.

I/We do further hereby release, absolve, indemnify and hold harmless the Pony League and the Long Beach Pony League, Inc., the organizers, the Sponsors, and the supervisor, and/or all of them. This release shall also cover any function scheduled or non-scheduled such as team parties, batting cage practice, or any event deemed necessary by the manager, coaches, or team mother, umpire, League Board Members, or District Board Members of the Long Beach Pony League, Inc. or the Local Pony District.

I/We understand League Insurance is only secondary insurance to my own private or company insurance coverage.

I/We also understand that league insurance may not cover my child, myself, or my family unless I live within the strict boundaries of the Long Beach Pony League, Inc.

In case of injury to this child, I/We hereby waive all claims against the organizers, the Sponsors, and the supervisors appointed by them.

I/We likewise release from responsibility any person transporting this child to or from the activities.

I/We hereby give the Long Beach Pony League authorization to place this child in the division and team they deem appropriate.

I/We hereby give the Long Beach Pony League authorization to display game and team photos which may include your child's image, on our website at longbeachpony.org throughout the season.

I/We also understand, and give Long Beach Pony League permission to the League to transfer this child to another Team within the League during any portion of the current season, as governed by the Leagues rules and regulations.

I/We will furnish a certified birth certificate of the above named candidate upon request of the League Officials.

I/We understand by signing this Waiver of Liability and Disclaimer, I/We acknowledge having read and understood my/our own liability and accept the restrictions.

I/We have released from liability Long Beach Pony League, Inc. and the Local League District from any damages suffered by my child (as a player, volunteer, or paid employee), myself (as a volunteer or paid employee) or my family (as volunteers, paid employees or spectators).

Parent or Guardian Signature: _____ Date ____ / ____ / ____