



Saddleback Valley Pony

Spring 2010 Registration Fee: \$225 per player
(\$150 / player for Club teams with own uniforms)

Payable to Saddleback Valley Pony

(Attach a copy of the birth certificate and recent utility bill)

General Information		League Use Only	
Player's Name (Last) _____ (First) _____	Birth Date _____	Playing Age _____	Returning Player <input type="checkbox"/> Y <input type="checkbox"/> N
Street Address _____	Primary Phone _____	Birth Certificate Received <input type="checkbox"/> Y <input type="checkbox"/> N	
City _____ Zip Code _____		Paid <input type="checkbox"/> Y <input type="checkbox"/> N Board: _____	

Parent's Information			
Father's Name (Last) _____ (First) _____		Mother's Name (Last) _____ (First) _____	
Street Address _____		Street Address _____	
City _____	Main Email _____	City _____	Main Email _____
Home Phone _____	Work Phone/Cell Phone _____	Home Phone _____	Work Phone/Cell Phone _____

Family Volunteer Activities	
<p>Parents: SBVP is a non-profit volunteer organization that exists for the youth of the community. Our success depends on parental volunteers. Each family must volunteer for an activity. As a member of your player's team, you will also be required to assist in obtaining sponsor funding for the league to help defray league expenses. This amount will vary depending on the number of players registered. You may satisfy your volunteer status and help meet the funding needs of SBVP by designating a donation amount below.</p>	
<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Fields <input type="checkbox"/> Material Contribution <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Board Member <input type="checkbox"/> Sponsor/Desired Donation: _____ <input type="checkbox"/> Other (define): _____	

Parent's Permission and Emergency Medical Forms		
<p>I/We, the undersigned parent(s) or legal guardian(s) of the above-named child, hereby give my/our approval to this participation in and of all of the activities of Saddleback Valley Pony Baseball (SBVP) during the above-stated season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/we do further hereby release, absolve, indemnify, and hold harmless Saddleback Valley Pony Baseball and PONY Baseball, Inc., the organizers, sponsors, directors, supervisors, and managers and coaches, any or all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, sponsors, directors, supervisors, and managers and coaches appointed by them. I/We likewise waive, to the extent not covered by the liability insurance, any claim against person transporting my/or child to or from the activities. I/We furnish a certified birth certificate of the above-named registrant upon request of PONY Baseball officials.</p> <p>I/We, the undersigned parents, or legal guardian of _____ a minor, 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 Medicine Practice Act or a dentist licensed under the provisions of Dental Practice Act and on the staff of any 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 the his best judgment, may deem advisable, but that any of the above-mentioned treatments will not be withheld if the undersigned cannot be reached. I/We agree to inform the manager and coach of any allergies or special conditions that may affect my/our child's safe playing.</p> <p>I/we acknowledge that SBVP may compile and use addresses for league purposes and baseball photographs for posting to its Internet website of the above-named child and consent to such uses and hereby waive any rights to compensation for use of the same or for any volunteer work done on behalf of the SBVP. <u>I/we further acknowledge the following SBVP policies: 1) a 50% refund up to when teams are selected, 2) no refund after teams are selected, 3) \$25 fee for each returned check and 4) \$20 late registration fee for forms postmarked after November 30, 2009</u></p>		
Parent(s) or Legal Guardian(s)' Signature _____		Date _____
Emergency Contact (Name) _____	(Address) _____	(Telephone) _____
Physician's Name (Name) _____	(Address) _____	(Telephone) _____

How did you hear about us? Saddleback Valley News Friend or Relative Website Other _____