

Southeast Valley PONY Baseball

2017 Team Registration Form



Manager's Name: _____ Team Name: _____
 Street Address: _____ City: _____ Zip code: _____
 Home Phone: _____ Alternate phone: _____
 Email Address: _____

Number of Players on Roster: _____ Maximum of 12.
 Additional players pay the individual listed price minus uniform cost. Individual Registration Forms for Teams and Medical Release Form must be completed by all players/parents for league purposes.

REMEMBER: LEAGUE AGE IS DETERMINED BY PLAYER'S AGE AS OF April 30, 2016 (BIRTH CERT. REQUIRED)

Circle Division	Pinto (Machine)	Pinto Comp (Kid Pitch)	Mustang	Bronco	Pony	Colt/Pal
(Age as of 4/30/16):	(*6, 7 & 8)	(7 & **8)	(9 & 10)	(11 & 12)	(13 & 14)	(15, 16, & 17)
	\$1300	\$1300	\$1500	\$1500	\$1500	\$1500

(*6 year olds must have played 1 year of Shetland or Tee Ball) (** Must have at least one year of Coach or Machine Pitch)

Field Maintenance: _____

WAIVER: I have been notified (via this registration form) that Southeast Valley PONY Baseball's (SVPB) insurance policy is secondary to my insurance policy. I understand that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless SVPB, PONY Baseball, Inc., the organizers, sponsors, supervisors and other participants for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I hereby grant my permission for a responsible league official to call upon emergency medical services if necessary. Initials: _____

Please check here if there have been updates in your Medical Insurance since last provided: _____

I further agree to abide by the SVPB Code of Conduct for Athletes and Parents. Initials: _____
Further details can be found at www.svponybaseball.org

Team Manager Signature: _____ Date: ___/___/___

For League use only

Registration received by: _____ Amount received: \$ _____

Forms Received Birth certificate Medical Release Paid with: Cash Check# _____

On File Code of Conduct Credit Card Exp: _____ Last 4 digits: _____