



Blossom Valley PONY Baseball

PLAYER INFORMATION

First Name:		Last Name:			M.I.	Sex : M F		
Birth Date:	Age:(as of 4/30/10)		Primary Email: <small>This will be your login ID for our website</small>					
Address:				San Jose, CA		Zip:		
Played baseball before? Y or N		Any siblings in the same Division? Y or N		If yes, want them on the same team? Y or N				
Did you play on an All Star team the last 2 years? Y or N			Which Team in 09? A B C		Which Team in 08? A B C			
Do you play on a travel / tournament team? Y or N			If Yes, which team?					
If you transferred from a different league, which one?				Shirt Size: YXS YS YM YL YXL AS AM AL AXL AXXL				
Circle One:	Shetland (5-6)	Pinto (7-8)	Mustang (9-10)	Bronco (11-12)	Pony (13-14)	Colt (16U)	Palomino (19U)	Other

Medications or Medical issues: Y or N (if yes, please explain) _____

Comments / Requests _____

BV Club Team Program

Club Team play is an extra level of baseball play over and above your regular season team. It has been designed to offer those players and coaches who wish to make the commitment in additional time and cost; a substantially more intense baseball experience completely within our League. Club Team Members, both players and coaches, will be expected to put forth considerably more time and money beyond that for a typical regular season team. Participants will be rewarded with more frequent playing opportunities under more challenging circumstances with more intensive coaching and training. **For more information please visit our web site www.bvponybaseball.com or e-mail our Club Team director with questions at clubteam@bvponybaseball.com**

If you would like your child to try-out for this program or you would like to Manage or Coach a team please fill out the following:

<input type="checkbox"/> Manager/Coach	<input type="checkbox"/> 9U Team	<input type="checkbox"/> 10U Team	<input type="checkbox"/> 11U Team	<input type="checkbox"/> 12U Team	<input type="checkbox"/> 13U Team
---	---	--	--	--	--

FAMILY INFORMATION

Father's First Name:		Last Name:			
(H) Phone:		(W) Phone:		(Cell) Phone:	
e-mail address (Required):					
Mother's First Name:		Last Name:			
(H) Phone:		(W) Phone:		(Cell) Phone:	
e-mail address:					
Emergency Contact:				Phone:	
Insurance Carrier:		ID#		Group#	

PARENTAL SUPPORT

Blossom Valley Pony Baseball is the best youth sports organization around because of all the great parents just like you. No experience is necessary, just tell us how you would like to help and we will provide the training. Help make this a special experience for your child.

<input type="checkbox"/> Team Manager	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Snack Shack	<input type="checkbox"/> Board Member	<input type="checkbox"/> Other
--	---	---	---	--	---------------------------------------

In order for us to provide a great environment for your kids, at a reasonable cost, we ask that you provide 2 hours of service, to the league, by working one shift in the snack shack.

AGREE AND SIGN:	RELATIONSHIP:	DATE:
------------------------	----------------------	--------------

Minor Waiver/Release

PARENTAL AUTHORIZATION AND MEDICAL RELEASE FOR PARTICIPATION IN PONY BASEBALL ACTIVITIES.

I, as the parent or guardian do hereby give my approval for their participation in any and all PONY BASEBALL League activities. I hereby grant my permission to managing personnel 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 parent nor 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 the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, PONY BASEBALL/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 other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____