

ID # _____

I have moved in the last 2 years: Yes () No ()

MHPB 2008 Club Ball Registration/Release Form

Player Name: _____ Date of Birth: _____

Home Phone: _____ Email Address: _____

Street Address: _____ City, State, Zip Code: _____

Mom/Guardian Work Phone: _____ Mom/Guardian Cell: _____

Dad/Guardian Work Phone: _____ Dad/Guardian Cell: _____

Other Contacts/emails: _____

Check Here	Division	Birthdates	Cost	Cost after 3/1/08
	CLUB		\$200.00	\$200.00

** Note: Volunteers are required to assist with Club Ball. Please note parents are EXPECTED to help with the fields, drive to tournaments etc. If a parent knows of a sponsor for a club ball team, please check here (). Thank you.*

Parental Release:

This is to certify that I, parent or guardian of _____, a player on a Morgan Hill Pony Baseball team, _____ (Division) _____ (Team) hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities: and we do hereby waive, release, absolve, indemnify and agree to hold harmless Morgan Hill Pony Baseball, PONY Baseball Inc. the organizers, supervisors, participants, and persons transporting the player to and from those activities for any claim arising out of an injury to the player. It is required that all players wear athletic supporters with a hard cup.

Physical Limitations: _____ Medical Conditions: _____

Medications: _____ Allergies: _____

Personal Physician and Phone Number: _____

Parent/Guardian Names (print): _____ Relationship: _____

Signature: _____

There will be a \$15 returned check fee on all returned checks.