

# ***MHPB Spring 2009 Registration***

I have moved in the last 2 years: Yes  No

Player Name		Parent/Guardian Name	
Street Address		Mom/Guardian Cell Phone	
City, State, Zip Code		Mom/Guardian Work	
Home Phone		Dad/Guardian Work Phone	
Email Address		Dad/Guardian Cell	

Teams will be limited to 12 players. All players registering prior to January 31<sup>st</sup>, 2009 will be assured of placement on a team. Registrations received after January 31<sup>st</sup>, 2009 are not guaranteed placement and will be assigned to a team on a first come, first served basis.

<i>Enter Birth Date</i>	<i>Division</i>	<i>Birthdates</i>	<i>Cost</i>	<i>Cost after 1/10/09</i>
	Shetland	5/1/02 – 1/1/05	\$100.00	\$150.00
	Pinto	5/1/00 – 4/30/02	\$120.00	\$170.00
	Mustang	5/1/98 – 4/30/00	\$150.00	\$200.00
	Bronco	5/1/96 – 4/30/98	\$150.00	\$200.00
	Pony	5/1/94 – 4/30/96	\$150.00	\$200.00
	Colt	5/1/92 – 4/30/94	\$195.00	\$195.00

## Parental Release

This is to certify that I, parent or guardian of \_\_\_\_\_, a player on a Morgan Hill Pony Baseball 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 recommended that all players wear athletic supports with a hard cup.

Physical Limitations		Physician Name	
Medical Conditions		Physician Phone Number	
Medications		Parent/Guardian Relationship	
Allergies			

## Volunteer Requirement

Volunteers run our league, and as such, we require all parents to help out for a minimum of 6 hrs of volunteer work. MHPB will collect a separate \$100.00 volunteer deposit fee from each participating family. This deposit fee will be returned or destroyed upon the completion of league required volunteer hours. Each family MUST work 4 hours in the snack shack. A league representative will assist in the initial scheduling for each division and its teams. If you are unable to work your scheduled hours it is YOUR

responsibility to contact the appropriate league representative and make arrangements to work on a different date and/or time. The remaining 2 hours can be earned through participation in any of the following volunteer activities (please select one or more below).

- Field prep & clean up
- Opening Day prep
- Tournament volunteer
- Team scorekeeper (not applicable for Shetland)
- Division Snack Shack & Fundraising Coordinator

The following are exempt from the 4 hour snack shack requirement: elected & appointed board members, approved managers & coaches (total 2 per team), team parent (1 per team), and team sponsor (1 per team): Please check those in which you are interested (a volunteer deposit fee is still collected. Upon approval by the MHPB board it will be destroyed).

- Team Manager
- Coach
- Team Parent
- Team Sponsor (\$300 fee, please fill out team sponsor form)

Uniforms

In order to expedite uniform orders and ensure a proper fit, please select your child's jersey & pants size below:

**JERSEY SIZE**

Youth Small		Youth Medium		Youth Large		Youth Extra Large	
Adult Small		Adult Medium		Adult Large			

**PANT SIZE (Except Shetland Players)**

Youth Small		Youth Medium		Youth Large		Youth Extra Large	
Adult Small		Adult Medium		Adult Large			

***By signing here I pledge that the information that I have provided is accurate and correct. I also understand that my signature indicates that I have read and understand MHPB's volunteer requirements and that failure to meet the required hours will result in my volunteer deposit being cashed by the league. In addition, any returned checks will result in a \$15 returned check fee for which I will be responsible:***

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

This is your official Registration form. Complete all sections and return it by mail ensuring that you have included the following (your child's registration is NOT complete until the league has received all completed paperwork and fees)

- ✓ **Registration Fee made payable to MHPB**
- ✓ **If paying online with credit card, a \$100 volunteer deposit (will not be cashed if all requirements are met)**
- ✓ **Volunteer Deposit Fee made payable to MHPB (destroyed upon completion of volunteer hours)**
- ✓ **A copy of your child's birth certificate (Required for all players that are new to MHPB)**
- ✓ **This completed registration form (make a copy for your records)**

Mail to: Morgan Hill Pony Baseball  
 PO Box 353  
 Morgan Hill, CA 95038-0353

MHPB USE ONLY

Registration Fee Received \$	Check #	Date Received
Volunteer Deposit Received \$	Check #	Date Received