



Walnut Creek Pony Baseball

Summer 2015 Player Registration Form

Received:

Fee _____

Wvr _____

BC _____

COACH INTEREST: If you are interested in being an assistant coach for your team, check here _____

PLAYER INFORMATION: *Players will try out for teams based on their "baseball age" as of 4/30. Please refer to the Age Matrix on our website to determine your son's "division."*

Player Last Name: _____ First Name: _____ Age: _____ Grade: _____ DOB: ____/____/____

Home Address: _____ City _____ Zip _____

Home Phone: _____ School: _____

Baseball Experience/Positions: _____

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____

Dad Preferred Phone: _____ Mom Preferred Phone: _____

Dad e-mail: _____ Mom email: _____

EMERGENCY INFORMATION

Primary Medical Insurance Carrier: _____ Policy# _____

Emergency Hospital Preference: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Person to contact in an emergency (a non-parent):

Contact Name: _____ Phone: _____

Medical Information (allergies, special needs, health concerns): _____

Previous Injuries we should be aware of: _____

Mail this form, the player fee, signed Medical Release, and copy of birth certificate to:

Walnut Creek Bulldogs
c/o More Than a Game
1630 Challenge Drive, #110
Concord, CA 94520

Walnut Creek Pony Baseball Medical Release Form

This is to certify that as the parent or guardian of _____, a player on a Walnut Creek Pony Baseball team, I hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, medical clinic or other licensed provider of medical services, for the player named herein at such times as either the parent or legal guardian cannot be contacted in person or by telephone.

This authorization shall include all activities, including the period required to travel to and from those activities; and I, individually and on behalf of all other parents and guardians of said player, waive, release, absolve indemnify and agree to hold harmless the local PONY Baseball organization, PONY Baseball, Inc., Walnut Creek Pony Baseball, the organizers, supervisors, participants, coaches, managers, and all other persons associated with the PONY League baseball program, and the persons transporting the player to and from those activities, from any and all claims arising directly or indirectly from or relating to any injury to the player.

Parent Name: _____ Relationship to player: _____

Parent Signature: _____ Date Signed: _____