



# REGISTRATION/MEDICAL FORM

## RIALTO YOUTH PONY BASEBALL LEAGUE

### PLAYERS INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
THROWS RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ POSITIONS PLAYED: \_\_\_\_\_  
RETURNING PLAYER TO THIS LEAGUE: YES \_\_\_\_\_ NO \_\_\_\_\_ YEARS EXP. \_\_\_\_\_ ADDITIONAL INFORMATION: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
FATHERS NAME: \_\_\_\_\_ HOMEPHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
MOTHERS NAME: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
PLAYER RESIDES WITH: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ BOTH \_\_\_\_\_

### EMERGENCY CONTACTS/PARENTAL CONSENT, RELEASE AND AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT:

NAME: \_\_\_\_\_ RELATIONSHIP TO PLAYER: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP TO PLAYER: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION:

NAME OF INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
PHYSICIAN/OR MEDICAL FACILITY: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
DOES PLAYER HAVE ANY LIMITATIONS OR HEALTH PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE EXPLAIN \_\_\_\_\_

**MEDICAL RELEASE:** I/WE, THE PARENTS OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER DO  
HEREBY GRANT PERMISSION TO THE MANAGER, COACH, OR ADULT LISTED ABOVE TO OBTAIN MEDICAL  
CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC AT SUCH TIME AS EITHER  
PARENT, LEGAL GUARDIAN CANNOT BE CONTACTED IN PERSON OR PHONE.

**PARENTAL CONSENT:** I/WE, THE PARENTS, LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER DO  
HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN PONY BASEBALL/SOFTBALL IN EFFECT  
FOR THE CURRENT SEASON, AND WILL RETURN ANY UNIFORM AND EQUIPMENT ISSUED TO THE  
PLAYER IN AS GOOD CONDITION AS WHEN ISSUED EXCEPT FOR NORMAL WEAR AND TEAR. OR I WILL  
PAY THE CASH EQUIVALENT OF SUCH UNIFORM OR EQUIPMENT. I WILL NOT AT ANY TIME REMOVE THE  
PARENT FROM A PLAYING OR PRACTICE FIELD WITHOUT THE PRIOR KNOWLEDGE OF A TEAM OR  
LEAGUE OFFICIAL.

**RELEASE:** I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS RIALTO  
YOUTH PONY BASEBALL LEAGUE, ITS OFFICERS, AND THE TEAM MANAGER AND COACHES, FROM  
ANY CLAIM ARISING OUT OF ANY INJURY TO THE ABOVE PLAYER WHILE INVOLVED IN LEAGUE ACTIVITY,  
OR TRANSPORTATION THEREOF. IN SIGNING THIS AGREEMENT, I ALSO UNDERSTAND THAT  
NO REFUND OF REGISTRATIONS FEES OR OTHER MONIES WILL BE GIVEN AFTER MY CHILD HAS BEEN  
ASSIGNED TO A TEAM.

X \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

### WE NEED VOLUNTEERS

PONY BASEBALL/SOFTBALL IS A VOLUNTEER ORGANIZATION. OUR PROGRAM IS OPERATED MAINLY ON DONATIONS FROM OUR LOCAL COMMUNITY, AND THE MEMBERS OF OUR ORGANIZATION. IF YOU WOULD LIKE TO DONATE TIME AND/OR MATERIAL, OR IF YOU KNOW SOMEONE WHO WILL, PLEASE CONTACT A BOARD MEMBER. PONYBASEBALL/SOFTBALL IS A VOLUNTEER ORGANIZATION, WE ASK PARENTS TO VOLUNTEER A FEW HOURS OF THEIR TIME TO ASSIST WITH THE UPKEEP OF THE FIELDS, AND/OR ASSISTANCE IN THE OPERATION OF THE FACILITIES(SNACK BAR ETC.) THIS ASSISTANCE IS GREATLY APPRICIATED.

### PLEASE CHECK ONE

☐ MANAGERS  
☐ COACHES  
☐ TEAM MOM  
☐ MAINTENANCE  
☐ UMPIRE  
☐ SPONSORSHIP  
☐ DONATION  
☐ SNACK BAR  
☐ OTHER \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

### LEAGUE USE ONLY

S=SHETLAND; PT=PINTO M=MUSTANG  
B=BRONCO; PO=PONY; CO=COLT  
PL=PALOMINO; SB SOFTBALL

BIRTHDATE VERIFY BY: \_\_\_\_\_  
LEAGUE AGE: \_\_\_\_\_

### NOTES:

PLAYER FEE: \$ \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
PAYMENT: \$ \_\_\_\_\_ INITIALS: \_\_\_\_\_  
BALANCE: \$ \_\_\_\_\_

LIST OTHER PLAYERS IN FAMILY: \_\_\_\_\_

# PLAYER REQUIREMENTS

## UPON SIGNING UP

### THE FOLLOWING IS MANDATORY

2—FUNDRAISERS.

2--HOURS SNACK BAR DUTY, PER PLAYER.

Due to the lack of snack bar volunteers, each player has to give a \$45.00 snack bar deposit. (Please note\*\* Player will not be assigned to a team until deposit is turn in.)

DEPOSIT WILL BE RETURNED TO YOU AFTER YOU HAVE COMPLETED YOUR SNACK BAR DUTY

(NO EXCEPTIONS)

**PLEASE NOTE:** If you do not show up for your snack bar duty -YOU WILL NOT GET DEPOSIT BACK.

Please initial\_\_\_\_\_ **\*\*Please note: It is your responsibility to sign-up for snack bar duty**

Please sign up at the snack bar, once you get your game schedule. (If by any chance your game gets cancelled please reschedule another day) No exceptions!

HOME PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

PARENTS NAME (PRINT) \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

#### BOARD MEMBER

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MONEY COLLECTED \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_

(PLEASE GIVE A RECEIPT) INITIALS \_\_\_\_\_

SNACK BAR DUTY COMPLETED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

DEPOSIT REFUNDED DATE: \_\_\_\_\_ AMOUNT REFUNDED \$ \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Reason for deposit not returned: \_\_\_\_\_

#### PLEASE NOTE

This is a volunteer program, your 2 hours of participation is very much appreciated.

THANK YOU

## Rialto Youth Pony Baseball

### Parents Code of Conduct

1. I will encourage good sportsmanship by demonstrating positive Support for all players, coaches and officials at every game, practice or youth sports event.
2. I will place the emotional and physical well-being of my child ahead of my personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches Code of Ethics.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will demand a sports environment for my child that is free from  
**Drugs, tobacco and alcohol** and will refrain from their use at all youth sports events.
7. **I will remember that the game** is for youth – not adults.
8. **I will do my very best to make youth sports fun** for my child.
9. **I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.**
10. **I will help my child enjoy the youth sports experience by being a respectful fan, assisting with coaching, or providing transportation.**

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**Parent Name (Printed)**

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**Parent Signature**

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**Date**