

Please list name as it appears on the birth certificate.

EYAA/Edgewood Pony League Spring 2019

- Reg. Form
- Medical Waiver
- Parent Contract
- Insurance Form
- Payment

Coach's Name	Division	Baseball Age as of 8/31/19
Team Name	Age	Softball Age as of 12/31/18

Player's Last Name	First Name	MI	Date of Birth	Age	M/F
School			Grade	Home Number	
Street Address			City	Zip	
Parent/Guardian #1 (First & Last Name)			Cell Phone Number	Work Phone Number	
Parent/Guardian #2 (First & Last Name)			Cell Phone Number	Work Phone Number	
Emergency Contact Name & Phone Number			Relationship		

Player's Physician	Physician's Phone No.	Preferred Hospital
Medical Information (Please list any medical conditions or medications that the league/coaches need to be aware of)		
Special Requests (Efforts will be made to honor requests, however, no guarantee or promises can be made)		

EYAA, EPL Needs Your Help

- | | | | |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Tournament Volunteer | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Team Sponsor | <input type="checkbox"/> As Needed |

As the parent/guardian of the participant(s) of Edgewood Pony League; I have been notified that the Edgewood Pony League Insurance policy is secondary to the family policy. I know that Participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify and agree to hold harmless Edgewood Pony League, PONY Baseball, Inc., the organizers, sponsors, supervisors and other participants for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I hereby grant my permission for a responsible league official to call upon emergency medical services if necessary. As the parent/legal guardian of the above named player, I hereby grant EPL permission to photograph videotape or record my child for the purpose of EPL publication and/or promotional use.

I also understand that once payment is made to Edgewood Pony all payments are final. No refunds will be permitted. Furthermore, any payments made to my team's representative will be handled at the discretion of the team's representative. I will not hold EPL responsible for any monetary transaction made between myself and my team's representative. I am fully aware that a \$40 registration fee is due by March 9, 2019, Failure to do so will result in participant(s) becoming an illegal player until balances are paid in full.

Print Name: _____

Signature: _____ **Date:** _____
Parent/Guardian

League Use:

Date Registered:	Amt. Paid:	Receipt #:	Check#
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**PARENTAL AUTHORIZATION
MEDICAL RELEASE FOR
PARTICIPATION IN PONY BASEBALL
OR SOFTBALL ACTIVITIES**

I, as the parent or guardian of (player's name) _____

do hereby give my approval for their participation in all PONY BASEBALL or SOFTBALL organization league activities. I hereby grant my permission to managing personnel or other organization 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 organization league activities away from home, or where neither parent or 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 PONY BASEBALL, INC organization, PONY BASEBALL, INC, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for all claims arising out of an injury to the player.

I further agree to furnish certified birth documentation for the player, upon request by organization 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 organization league activities.

Insurance Company: _____

Policy or Certificate Number; _____

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date _____

Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

For and in consideration of the undersigned participant's registration with _____ (Name of Organization) ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in Camp events, the sport of baseball, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to sports participation and activities incidental thereto, and understand that sports and activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of sports facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of sports facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's sports activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of baseball and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

Participant Signature

Age

Date Signed

Participant Name (Print)

Parent or Guardian Signature (if under 18)

Date Signed

EYAA/Edgewood Pony League Parent Code of Conduct

Player's Name: _____

Team: _____

- I/We the parent(s) or legal guardian of the player listed above hereby give my approval to participate in any Pony League activities.
- I/We understand the registration balance amount of \$40 must be paid in full by March 9, 2019. Also, a copy of my child's original birth certificate, medical waiver, and insurance form are required to complete the process of registration before my child can participate in any scheduled games. I/We understand the registration fee is non-refundable.
- I/We understand that I am required to participate in the league's annual fundraiser and will be responsible to pay the amount required on the date specified by the league. Failure to pay may result in game suspension until paid in full.
- I/We understand if my child is selected to be a part of the Edgewood All-Star teams, all *accounts must have met the financial commitment set by the league. (*all siblings registered with EPL) if applicable
- I/We understand and I/We assume all risk and hazards to such application, including transportation to and from all activities; and I/We do here by waive, release, absolve, indemnify and agree to hold harmless the local league. EPL and/or their affiliates, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim out of injury to my/our child whether the result of negligence or from any other cause, except to the extent in the amount covered by accident and liability insurance.
- I/We understand the league officers shall have the authority to suspend or discipline any affiliated member whose conduct is in violation of the rules and regulations and/or is considered detrimental to the best interest of Edgewood Pony League and/or PONY Baseball/ Softball.
- I/We understand my/our child is NOT permitted to participate in any other PONY league while registered with Edgewood Pony League during the league's Spring season. Edgewood Pony League will decide the penalty that will be enforced to the player and/or manager at its discretion.
- I/We understand that Edgewood Pony League is not responsible for any lost or stolen items on the premises.
- I/We understand to file a complaint I/We will contact the manager of my/our child's team. If your complaint is regarding your coach, you may go directly to the Baseball/Softball Director. If your complaint is not resolved then, you must submit a letter to the Edgewood Pony League Board and they will investigate your complaint
- I/We give EPL permission to post pictures/names of my child on the league's website and social media.
- I/We understand that leagues website, social media, and GroupMe are for league use and any negative feedback, I/We will be removed and will be notified by other means
- I/We understand not to use abusive or profane language at any time at any Edgewood Pony League Baseball/Softball game and/or event.
- I/We understand not to bring in any outside food and/or beverages of any kind. I/We will support the concession stand of Edgewood Pony League.
- I/We Understand that DRUGS, TOBACCO, AND ALCOHOL is strictly prohibited at all EYAA/Edgewood Pony and Pony locations and events.

By signing below, I acknowledge that I/We have read, understand and will abide by the above information.

Print Name: _____

Signature: _____

Date: _____