

Moraga Baseball Association
2012 Season Registration Form
For Participation in PONY Baseball Activities

Player's Name: _____ Date of Birth _____ Gender: M / F

Address: _____

Home Phone: _____ e-mail Address: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Player Lives With: Mother _____ Father _____ Both _____ Other _____

Emergency Contact Info

Name: _____ Phone: _____ Relationship: _____

Previous Baseball Experience:

Years: _____ Program: _____

Player: I do hereby agree to play with any team to which I am assigned by League Officials, to follow league playing and conduct rules, and to properly care for the uniform and equipment provided for my use.

Player's Signature: _____

Parental Authorization and Medical Release:

1, parent or legal guardian of _____, hereby give approval for participation in any and all PONY BASEBALL, INC. League activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participation in league activities away from home or when neither parent or legal guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to such participation, including to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, PONY BASEBALL, INC., the organizers, sponsors, supervisors, coaches, participants and persons transporting the player to and from activities, for any claim arising out of an injury to the player. I further agree to furnish a birth certificate for the player upon request by league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received save the normal wear and tear in league activities.

Accident Insurance for this player is provided by:

Insurance Company: _____ Policy or Member Number: _____

Doctor's Name: _____ Phone Number: _____

Any known medical conditions: _____

Signature: _____ Relationship: _____ Date: _____

****If this is the player's first year with MBA, it is mandatory to include a copy of his/her birth certificate.***