



# Pony Baseball • South Division

RECEIPT# \_\_\_\_\_

## REGISTRATION / EMERGENCY MEDICAL FORM

PLEASE PRESS HARD WHEN FILLING OUT FORM SO PRINT WILL SHOW ON ALL COPIES

PLAYER NAME (LAST, FIRST, MIDDLE)		PHONE	
DATE OF BIRTH	SCHOOL	GRADE	
PREVIOUS EXPERIENCE YES <input type="checkbox"/> NO <input type="checkbox"/>	YRS EXP <input type="checkbox"/> RETURNING PLAYER <input type="checkbox"/> MOVING UP	IF RETURNING PLAYER, WHAT TEAM?	
THROWS <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	POSITIONS PLAYED		
EMAIL ADDRESS			
PLAYERS ADDRESS (STREET, CITY, ZIP)			
RESIDES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER SPECIFY			
FATHER NAME		PHONE	
ADDRESS (IF DIFFERENT THAN PLAYERS)		CELL PHONE	
MOTHERS NAME		PHONE	
ADDRESS (IF DIFFERENT THAN PLAYERS)		CELL PHONE	
MEDICAL INSURANCE COMPANY		PHONE	
MEDICAL CONDITION OR PHYSICAL LIMITATION ( IF ANY)			

### WE NEED VOLUNTEERS

Pony Baseball Softball is volunteer organization comprised of parents from this league. 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 material or know someone who will, please contact a board member. This assistance is greatly appreciated by the league, its officials and the youth that participates in this program. Thank you!

Please mark the appropriate box if you would like more information on:

- MANAGER     UMPIRE  
 COACH     TEAM MOM

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

### LEAGUE USE ONLY

S = SHETLAND, PT = PINTO,  
 M = MUSTANG, B = BRONCO, PO = PONY,  
 CO = COLT, PL = PALOMINO

Birth Date Verified By: \_\_\_\_\_

League Age: \_\_\_\_\_

Division: \_\_\_\_\_  
 Birth Certificate need to be verified

List Division and name of other players in family

CHECK# \_\_\_\_\_

PLAYER FEE \_\_\_\_\_ \$ \_\_\_\_\_

FAMILY DISCOUNT \_\_\_\_\_ \$ \_\_\_\_\_

MISC. \_\_\_\_\_

INITIAL \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

### PARENT CONSENT, RELEASE & AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

(LIST TWO PEOPLE OVER THE AGE OF 21)

NAME	PHONE
ADDRESS	PHONE
NAME	PHONE
ADDRESS	PHONE

I/WE, the parent(s) or Guardian(s) of the above named candidate for a position on a Jurupa PONY Baseball team, hereby give my/our approval for his/her participation in any and all PONY League activities, including transportation to and from the activities. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Jurupa PONY Baseball, PONY Baseball/Softball, INC., the organizers, directors, officers, employees, agents, affiliates, sponsors, supervisors, coaches, managers, participants and persons transporting my/our child to and from activities (Released Parties) from any and all liability or claims for damage or injury to persons or property of my/our child arising from or due to participation in said activities, including but not limited to playing, practicing or being on the field or in spectator areas for any purpose whatsoever. I/We, the Parent(s) or guardian(s) of the above named candidate, fully and absolutely assume responsibility for the risk of injury, due to participation, weather conditions, playing conditions (including types of bases, plates, fences and equipment), other participants, of any magnitude, including fatality, and do hereby forever absolutely release and agree to hold harmless the Released Parties from all claims for damage whatsoever of any kind now or in the future. In the event of any injury in the course of Jurupa PONY Baseball activities. I/We hereby grant my/our permission to the adult manager, coach, trainer or business manager of the team to administer first aid and if necessary to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for my/our child, at such times as either parent or legal guardian cannot be contacted in person or by telephone.

By Signing this agreement I understand that NO REFUND of registration fee or other monies will be given after my child has been assigned to a team.

RAFFLE TIX # \_\_\_\_\_ SIGNATURE **X** \_\_\_\_\_ DATE: \_\_\_\_\_

THIS FORM CONTAINS PROPRIETARY INFORMATION, DUPLICATION WITHOUT WRITTEN APPROVAL IS PROHIBITED

SIGNATURE OF PARENT OR GUARDIAN

WHITE LEAGUE COPY • YELLOW IS DIVISION DIRECTOR COPY • TEAM COPY • PLAYER COPY



# Jurupa PONY Baseball League

www.jurupapony.org Phone 951-341-8777

Jersey Size

Hat Size

## JPBL Manager/Coach Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone ( ) \_\_\_\_\_ Cell/Work Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Season Applying For: \_\_\_\_\_ Social Security # \_\_\_\_\_ CDL# \_\_\_\_\_

Manager or Coach Division: (circle one) Shetland Pinto Mustang Bronco Pony

Are you First Aid Certified? YES NO If no, are you able to attend a JPBL First Aid class? YES NO

Have you ever Managed/Coached? YES NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Manager/Coaching Clinics are Mandatory.

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. As a returning Manager/Coach, I acknowledge that I am not guaranteed a team. I understand that Jurupa PONY Baseball League will conduct a criminal background check of coaching applicants. I further understand that any omission or incorrect information provided may result in JPBL declining to allow me to Manage/Coach and that this can occur at anytime. I further understand that any violations of the Rules, Regulations, Guidelines or Code of Conduct of JPBL may result in my suspension, either temporary or permanent, from Managing/Coaching in JPBL. Any protest filed by a Manager will be subject to a \$25.00 fee at time of protest. Fee is refunded if protest is upheld. Manager/Coach approval is valid for upcoming Spring and Fall season only.

Manager/Coach Application Fee \$30.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Official League Use Only*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Fees Paid  Initials \_\_\_\_\_