






















Ahwatukee Foothills Pony Baseball Association

Registration Form

PLAY-UP/WAIVER

Player	First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Address: _____ City: _____ Zip: _____ League Age: _____ (Age on 4/30/2011) School: _____ Played in AFPB Last Year?: <input type="checkbox"/> No <input type="checkbox"/> Yes - Division: _____ Team: _____ Jersey Size: YS YM YL AS AM AL AXL AXXL (circle one)																					
	<table style="width:100%; text-align:center;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Age: 4-5-6</td> <td>7-8</td> <td>9-10</td> <td>11-12</td> <td>13-14</td> <td>15-16</td> <td>17-18</td> </tr> <tr> <td>Fee: \$60.00</td> <td>\$110.00</td> <td>\$135.00</td> <td>\$135.00</td> <td>\$150.00</td> <td>\$150.00</td> <td>\$150.00</td> </tr> </table> <p>Participation in PONY League Baseball requires the ability to run, throw, swing a bat, catch a ball and the capacity to understand the rules of the game. If your child has any current conditions that limits his/her ability for participation, please explain and identify any possible modifications that would enable your child to participate: _____</p> <p>_____</p> <p>Please list any physical limitations, allergies, hearing, sight, etc.): _____</p>									Age: 4-5-6	7-8	9-10	11-12	13-14	15-16	17-18	Fee: \$60.00	\$110.00	\$135.00	\$135.00	\$150.00	\$150.00
																						
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Fee: \$60.00	\$110.00	\$135.00	\$135.00	\$150.00	\$150.00	\$150.00																
Father	First Name: _____ Last Name: _____ Primary Phone: (____) ____-____ E-mail Address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Secondary Phone: (____) ____-____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile I am able to volunteer as: (please also complete a coach/volunteer application) <input type="checkbox"/> Manager/Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> League Volunteer <input type="checkbox"/> AFPB Board																					
	First Name: _____ Last Name: _____ Primary Phone: (____) ____-____ E-mail Address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Secondary Phone: (____) ____-____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile I am able to volunteer as: (please also complete a coach/volunteer application) <input type="checkbox"/> Manager/Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> League Volunteer <input type="checkbox"/> AFPB Board																					
Mother	First Name: _____ Last Name: _____ Primary Phone: (____) ____-____ E-mail Address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Secondary Phone: (____) ____-____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile I am able to volunteer as: (please also complete a coach/volunteer application) <input type="checkbox"/> Manager/Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> League Volunteer <input type="checkbox"/> AFPB Board																					
	First Name: _____ Last Name: _____ Primary Phone: (____) ____-____ Relationship: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Secondary Phone: (____) ____-____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Family Doctor: _____ Phone Number: (____) ____-____																					
Emergency Contact	First Name: _____ Last Name: _____ Primary Phone: (____) ____-____ Relationship: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Secondary Phone: (____) ____-____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Family Doctor: _____ Phone Number: (____) ____-____																					
	I, the parent/guardian of the above named applicant, hereby give my approval to his/her participation in any and all league activities, during the current season. I assume all risks and hazards incidental to such participation including transportation to or from the activities, and I so hereby waive, release, absolve, indemnify and agree to hold harmless Pony Baseball, Inc., AFPB officers and directors, sponsors, supervisors, coaches, participants and persons transporting my child to or from and during activities, from any claim arising out of an injury to my child. Furthermore, I hereby give my consent for all emergency medical care by a physician or hospital, and consent to the transportation by the team staff or league representative to any hospital, emergency care facility, or physician's office, where such care may be administered. Signature of Parent/Guardian: _____ Date: _____																					
League Use Only	Verification of Birth Certificate: _____	Registration Fee: \$ _____																				
	Verification of Boundary: _____	Misc: \$ _____																				
	Verification of Medical: _____	Helmet (20:00): \$ _____																				
	Tryout Date: _____ Time: _____	Total: \$ _____																				
	AFPB Player# _____	<input type="checkbox"/> Check, # _____ <input type="checkbox"/> Cash, Received By: _____																				