
















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 border="0" style="width:100%;"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">Age: 4-5-6</td> <td style="text-align: center;">7-8</td> <td style="text-align: center;">9-10</td> <td style="text-align: center;">11-12</td> <td style="text-align: center;">13-14</td> </tr> <tr> <td style="text-align: center;">Fee: \$60.00</td> <td style="text-align: center;">\$110.00</td> <td style="text-align: center;">\$135.00</td> <td style="text-align: center;">\$135.00</td> <td style="text-align: center;">\$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 | Fee: \$60.00 | \$110.00 | \$135.00 | \$135.00 |
|  |  |  |  |  | | | | | | | | | | | | | |
| Age: 4-5-6 | 7-8 | 9-10 | 11-12 | 13-14 | | | | | | | | | | | | | |
| Fee: \$60.00 | \$110.00 | \$135.00 | \$135.00 | \$150.00 | | | | | | | | | | | | | |
| Father | First Name: _____ Last Name: _____ E-mail Address: _____ 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 | | Primary Phone: (____) _____ - _____ <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 <input type="checkbox"/> League Volunteer <input type="checkbox"/> AFPB Board | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Mother | First Name: _____ Last Name: _____ E-mail Address: _____ 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 | | Primary Phone: (____) _____ - _____ <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 <input type="checkbox"/> League Volunteer <input type="checkbox"/> AFPB Board | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Emergency Contact | First Name: _____ Last Name: _____ Relationship: _____ Family Doctor: _____ | | Primary Phone: (____) _____ - _____ <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 Phone Number: (____) _____ - _____ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Consent | 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: _____ | | | | | | | | | | | | | | |