

**Please Do Not Separate Forms!**  
**Carrollton PONY Baseball 3 to 14 Year olds**

*Please Print All Information*

Players Last Name	Players First Name	M.I.	/ / Mo. Day Year Players Birth date ( )
Street Address	City	Zip	Players Home Phone
<b>Family e-mail Address</b>			
Fathers Name			( ) Business Phone
Mothers Name			( ) Business Phone
Person to notify in the event of an emergency if parents are unavailable.			( ) Phone

**Please provide the following information!** Years played previously in an organized league \_\_\_\_\_  
 Last league and team played for? \_\_\_\_\_ **Closest Elementary School?** \_\_\_\_\_

**REGISTRATION FEES: There will be NO Fund-Raiser!**

**Multiple Child Discount – \$5 OFF for each additional child from same family**

	3 - 4, 5 - 6 Years Old	6 - 7 Years Old Coach Pitch	
	TBall - \$25.00	\$65.00	
<b>8 Year Old</b>	<b>9 – 10 Years Old</b>	<b>11 – 12 Years Old</b>	<b>13 – 14 Years Old</b>
\$65.00	\$65.00	\$65.00	\$75.00

Age Group Assigned \_\_\_\_\_ Paid By Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Player age is determined by what age the child is on April 30th, 2010**

I, the parent/guardian of the registrant, as well as the player, will abide by the rules as well as sportsmanship guidelines of Carrollton PONY Baseball and PONY Baseball, Inc. I hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, dentist, hospital, medical or dental clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Carrollton PONY Baseball, and PONY Baseball, Inc., the City of Carrollton, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

Parent or Guardian (*Print Name*)

Signature \_\_\_\_\_

Date \_\_\_\_\_

You may mail **all (3) copies** of this registration form along with a check or money order payable to Carrollton PONY Baseball, P.O. Box 118525, Carrollton, TX 75011. Also include a non-returnable **copy** of the players Birth Certificate. Check the website or League Line for last day of mail in registration. If you have any questions please contact the hotline at

**972-738-9100** or on the web at

**www.ponyball.com**

**Email [info@ponyball.com](mailto:info@ponyball.com)**

**PARENT SUPPORT:** We ask that parents help support the league program. Please check any areas that interest you:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Umpire      |
| <input type="checkbox"/> Board Member    | <input type="checkbox"/> Team Parent |

**LEAGUE USE ONLY**

Age as of 4/30 \_\_\_\_\_

Data Entered \_\_\_\_\_