

**Temple Terrace  
PONY Baseball, Inc.**  
P.O. Box 291964 Temple  
Terrace, FL 33687  
<http://www.ttponybaseball.com>

**Temple Terrace  
Recreation Center  
Membership Info:**  
Exp. Date \_\_\_\_\_  
Type \_\_\_\_\_

**REGISTRATION FORM**  
(PLEASE PRINT ALL INFORMATION)

REGISTRATION DATE: \_\_\_/\_\_\_/\_\_\_ MALE  FEMALE  PLAYED LAST SPRING SEASON AT: \_\_\_\_\_

PLAYERS FULL NAME: \_\_\_\_\_ PREFERS TO BE CALLED: \_\_\_\_\_  
*Last First*

PLAYERS DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ LEAGUE AGE (AGE ON MAY 1<sup>st</sup> 2009): \_\_\_\_\_

PLAYER SHIRT SIZE (*check one*): YOUTH 6-8  10-12  14-16  ADULT S  M  L  XL  XXL

LIVES WITH (*check one*): MOTHER  FATHER  BOTH  OTHER  \_\_\_\_\_  
*PLEASE SPECIFY*

FATHER'S NAME: \_\_\_\_\_  
*ADDRESS IF DIFFERENT FROM MOTHERS ADDRESS*

MOTHER'S NAME: \_\_\_\_\_  
*ADDRESS IF DIFFERENT FROM FATHERS ADDRESS*

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

PERSON OTHER THAN LISTED ABOVE TO CONTACT IN EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_ EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

ALLERGIES (*including medications*): \_\_\_\_\_

HEALTH PROBLEMS OR PHYSICAL IMPAIRMENTS: \_\_\_\_\_

SCHOOL OR DAYCARE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SIBLING ALSO PLAYING TEMPLE TERRACE PONY BASEBALL? Y  N  NAME: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

Special requests for coaches /teams, teammates will be honored only where possible and should be considered the exception, not the rule.

**I WOULD LIKE TO VOLUNTEER TO...**

**FEES:**

**SKILLS, TALENTS AND / OR RESOURCES  
I HAVE ACCESS TO THAT MAY BENEFIT  
THE PLAYERS AND THE LEAGUE:**

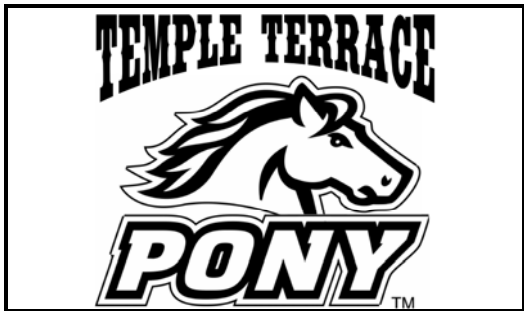
- BE A SPONSOR
- MANAGE A TEAM
- COACH A TEAM
- BE A TEAM MOM / DAD
- SCOREKEEPER

- ◆ 3-4 YEARS OLD (Wrangler) \$30.00
- ◆ 5-6 YEARS OLD (Shetland) \$60.00  
after 12/31, \$50.00 before 12/31.
- ◆ 7-14 YEARS OLD (Pinto, Mustang,  
Bronco, Pony) \$85.00 after 12/31, \$75.00  
before 12/31.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Temple terrace PONY Baseball Use Only

Amount Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Birth Certificate: New  On File  Verified   
Date Recorded: \_\_\_\_\_ Recorded By: \_\_\_\_\_ League Age: \_\_\_\_\_ Division: \_\_\_\_\_



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LEAGUE'S OBLIGATION TO THE CHILD

- 1. To teach and instruct the fundamentals of baseball.
2. To teach by example good sportsmanship, good work ethics, teamwork, and the experience of winning and losing.
3. Provide the necessary equipment to play.
4. Provide a safe playing environment.

CHILD'S OBLIGATION TO TEMPLE TERRACE PONY BASEBALL LEAGUE

- 1. Conduct yourself in a sportsman like conduct at all times.
2. Abide by all rules and regulations governing conduct and play.
3. Take care of all equipment provided by the league.
4. Attend all practices and games.

PARENT'S OBLIGATION TO TEMPLE TERRACE PONY BASEBALL LEAGUE

- 1. Pay the designated registration and user fees.
2. Provide a copy of your child's birth certificate.
3. Conduct yourself in a courteous and sportsman like manner at all times.
4. Abide by all of the rules and regulations governing conduct.
5. Help in maintaining and preparing the fields prior to a game.
6. Pick up the trash around your field after each game.
7. Participate in all fund raising events.
8. Make every effort possible to attend all games.
9. ALL PARENTS ARE REQUIRED TO ASSIST IN THE OPERATION OF THE CONCESSION STAND.
10. ALL PARENTS ARE REQUIRED TO VOLUNTEER 4 HOURS PARK SERVICE IN ADDITION TO CONCESSION STAND (CLEANING, MAINTAINING, UPKEEP ON FACILITY, MANAGING, COACHING OR TEAM MOM).

ACCIDENT / MEDICAL INSURANCE

I agree that the Temple Terrace Pony Baseball, Inc. insurance is a supplement to my existing insurance and will be treated as such. I certify that I have read the above conditions and agree to all terms as outlined. Accident Insurance for this player is provided by:

Insurance Company

Policy Number

Date

Signature of Parent or Legal Guardian

PARENTAL AUTHORIZATION - MEDICAL RELEASE FOR PARTICIPATION IN PONY BASEBALL ACTIVITIES

I, parent or guardian of (Player's Name) hereby gives 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 participating in league activities away from home, or when neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation 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, 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 of league officials, and to return upon request equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

Signature of Parent or Legal Guardian

Relationship to Player

Date

REFUND POLICY: No refunds will be made after your child's uniform has been ordered or played one game, whichever first occurs.