

MONTPELIER PONY LEAGUE BASEBALL REGISTRATION FORM

Anyone who will be 15 years old earlier than May 1st will not be eligible to play. This rule will be waived should a player who is 15 years old be currently enrolled as an 8th grader for the 2017-2018 academic school year. This is a Pony League rule. Candidates must also attend Montpelier schools or pay taxes to the Village of Montpelier.

LEAGUE AGE: _____

TEAM: _____
(Do Not Write Here)

NAME: _____

BORN: _____
(Month/Day/Year)

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

Parent(s)/Guardian(s): _____
(Please Print)

I/We the parents of the above named child, who is applying for a spot on a Montpelier Pony League Team, give my/our approval to his participation in any and all activities of the league during the 2018 season. I/We release, absolve, and hold blameless Montpelier Pony League Baseball, organizers, sponsors, and supervisors and/or all of them in case of injury to my/our son. We hereby waive all claims against the aforementioned people in dealing with activities of the league. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We will furnish a birth certificate of the above named candidate upon request of the league officials.

Must be signed by parent(s) and/or guardian(s).

Father's Signature

Mother's Signature

Suggestions/Comments: _____

If you are interested in coaching, please fill out the contact information and a commissioner will contact you when looking for help:

Name (please print)

Relationship to player (dad, step-dad, etc.)

HOW TO REGISTER:

Attend:

Open Registration at the
Montpelier Public Library on
Saturday, February 3rd from 10am-1pm.

OR

Mail form to:

Montpelier Pony League Baseball
207 Fairview Street
Montpelier OH 43543

All registration forms are due by February 3, 2018.

COMMISSIONERS: Scott Gordon 419-485-8403

Rich Stoy 419-630-6266

There is a \$20 fee for playing pony league. Please pay by cash or check when turning in registration. Note on form if playing spring and summer or just summer. Make checks out to MONTPELIER PONY LEAGUE .

NAME: _____

DATE: _____

PAID: \$ _____ YES / NO CASH/CHECK# _____

MONTPELIER YOUTH LEAGUE BASEBALL

EMERGENCY MEDICAL AUTHORIZATION

Child's Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____

Purpose:

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured when parents or guardians cannot be reached.

Contact Information:

____ Father ____ Mother ____ Guardian

____ Other _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Cell Phone Number _____

Work Phone _____

____ Father ____ Mother ____ Guardian

____ Other _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Cell Phone Number _____

Work Phone _____

Medical History (optional):

Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Consent:

I hereby give consent for the following medical care providers and hospital to be called in the case of an emergency:

Doctor's Name & Number

Dentist's Name & Number

Preferred Local Hospital & Number

In the event that reasonable attempts to make contact with the above named individuals have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of another licensed physician or dentist, concurring in the necessity for the surgery, are obtained prior to the performance of such surgery.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

EMERGENCY CALL 911

Montpelier Hospital: 419-485-3154

Bryan Hospital: 419-636-1131

Montpelier Medical Group: 419-485-3106

Bryan Medical Group: 419-633-4029