

## MT. OLYMPUS PONY BASEBALL REGISTRATION FORM

Player Na	me:			D.O.B. (must include year):						
Parent(s)/	/Guardian N	Name(s):								
Address: _										
Best Cont	act Phone #	<b>#</b> :		Secondary Contact #:						
Email (ple	ease print cl	early!):		School attending:						
Emergeno	cy contact (	name and phon	e):							
Did you p	lay basebal	l last season:	YES NO If y	es, which l	eague?					
Was your	child select	ted to play All-s	tars last season?	YES N	0					
Did your o	child play S	uper League las	t season? YES	NO						
-	•	•	d with a particu	-		•	= -	_		
How old v	will your ch	ild be on <b>APRIL</b>	<b>30, 2019</b> ? Please	e circle the	correct age	below.				
SHETLAND (\$95)		PINTO 1 (\$115)	PINTO 2 (\$115)	CAL RIPKEN 9-10 (\$140)		CAL RIPKEN 11-12 (\$140)		BABE RUTH (\$140)		
5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 – 15	5 yrs	
			Do	rental Autho	rization					
activities du and I do her Baseball, Ind the amount care from al authorizatio	rring the 2019 reby waive, rec. the organize covered by a ny licensed ph	season. I assume a lease, absolve, inde ers, sponsors, supe ccident and/or liab hysician, hospital or he reached to grant	ild, do hereby give a ill risks and hazards emnify and agree to rvisors and participa ility insurance held medical clinic durir authorization for en	approval to h incidental to hold harmle ants for any c by Mt. Olymp ng any league	is/her participe such participa ss the Mt. Olyn laim arising ou ous Baseball. It activity at any	tion, including mpus Baseball It of an injury f also grant peri I time when no	transportation League organi to the child exc mission to auth either parent is	n to and from a zation, Babe R cept to the extending norize and obta s available to g	all activities; uth ent and in ain medical rant	
Parent Signature			 Relation	Relation			Date			