

# PONY Baseball/Softball

## MEDICAL RELEASE

To Whom It May Concern:

This is to certify that I, parent or guardian of \_\_\_\_\_ a player on the \_\_\_\_\_ team hereby grant permission to the adult head coach, coach, and business manager of the team to obtain medical care from any licensed physician, hospital or medical 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. We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local PONY Baseball, Inc. organization, PONY Baseball, Inc.; the organizers, supervisors, participants, and persons transporting the players to and from those activities, for any claim arising out of an injury to the player.

**Signature:** \_\_\_\_\_ **Relationship to Player:** \_\_\_\_\_

## BOUNDARY NOTIFICATION AND VERIFICATION

Player Name: _____	Player lives with (relationship): _____ (no routes or PO box numbers)
Residence Address: _____	Phone: _____
City: _____	Phone: _____
School Attended: _____	School Phone: _____
School Address: _____	City: _____
Father's Name: _____	Phone: _____
Residence Address: _____	City: _____
Mother's Name: _____	Phone: _____
Residence Address: _____	City: _____

**I am aware that according to PONY rules, my son/daughter may not participate in any other PONY program anywhere. I acknowledge that my son/daughter will be disqualified from National Tournament play if it is found that he/she does not meet the age requirements; he/she does not legally reside within the RGV boundaries of said league or he/she has participated with more than one PONY program.**

Father's Signature: _____	Date: _____
Mother's Signature: _____	Date: _____
Player Agent Signature: _____	Date: _____
League Officer Signature: _____	Date: _____