

FOSTER CITY YOUTH BASEBALL ASSOCIATION

P.O. Box 4552, Foster City, CA 94404

APPLICATION INSTRUCTIONS

Spring 2012

Deliver completed application and a check (\$225 for PONY) to

Foster City Youth Baseball Association
P.O. Box 4552
Foster City, CA 94404

Registrations must be postmarked no later than **December 16, 2011**.

Please see the 2012 Foster City PONY flyer for additional details.

If you have any questions, please contact

Dave Titus

- dtitus147@comcast.net
- 650-743-4765

Dennis Millstein

- dennis.r.millstein@lmco.com
- 650-773-6372

FOSTER CITY YOUTH BASEBALL ASSOCIATION

PLAYER APPLICATION AND MEDICAL RELEASE

PONY REGISTRATION

PLAYER INFO:

PLAYER'S FULL NAME _____ BIRTH DATE ____/____/____

STREET ADDRESS, CITY AND ZIP CODE _____ HOME PHONE _____

PARENT OR GUARDIAN INFO:

FATHER'S FULL NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

FATHER'S ADDRESS (IF DIFFERENT) _____

FATHER'S E-MAIL _____

MOTHER'S FULL NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

MOTHER'S ADDRESS (IF DIFFERENT) _____

MOTHER'S E-MAIL _____

MEDICAL/EMERGENCY INFO:

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING).

NAME _____ HOME PHONE _____ CELL PHONE _____

NAME _____ HOME PHONE _____ CELL PHONE _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE PLAN _____ POLICY NUMBER _____

OTHER (ANY OTHER MEDICAL INFORMATION ABOUT THE PLAYER THAT SHOULD BE NOTED) _____

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PLAYER APPLICATION AND MEDICAL RELEASE

PARENT'S MEDICAL RELEASE: In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my permission for the team manager, adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Youth Baseball Association to have my/our child treated by any licensed emergency medical technician, physician, dentist, and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed on the other side of this form immediately. I also do hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Youth Baseball Association, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to me, the participant or my family, and whatever the result of said negligence, or for any other cause except to the extent and in the amount covered by accident and/or liability insurance.

PLAYER NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE. _____

RELATIONSHIP _____ DATE ____/____/____