



Protect Our Nations Youth

## Mid-County PONY League

*A Volunteer Based Organization*

P.O. Box 1800, Soquel, CA 95073

www.midcountypony.com

### Welcome Players and Parents to the Spring 2020 Baseball Season

Registrations for the Mid-County PONY 2020 baseball season are now being accepted. Eligible players will be 13 or 14 years old and under\* on August 31, 2020. All new incoming and returning players must attend Tryouts for manager evaluations in order to balance the teams in the player draft. All players are placed on teams.

\*Mid-County PONY is an "And Under" league which means players who will not yet be league age 13 are also eligible.

#### THE REGISTRATION FEE FOR THE SPRING 2020 SEASON IS \$225.00

The fee pays the costs of umpires, field rentals and improvements, uniforms (jerseys and caps), insurance, equipment and other expenses. There will be a 100% refund up to February 6, 2020. No refunds after that date.

All players must complete the **Registration, Waiver of Liability and Medical Release** forms. All players must include **one (1) utility bill for proof of residency** (PG&E, water, cable/internet, phone, garbage/recycle, etc.) and a **copy of their Birth Certificate**. Mail-in registrations are due by **Wednesday, January 22, 2020**. Completed Registration Packets and payment must be in prior to Tryouts on **Saturday, January 25, 2020**.

**ALL STAR TOURNAMENT FEES POLICY:** Parents must pay for all star jerseys, caps and a portion of post season tournament participation fees (typically about \$100). Players keep their jerseys and caps.

#### PLAYER EVALUATIONS / TRYOUTS SCHEDULE - SATURDAY, JANUARY 25

\*\*\* Please arrive 30 minutes early to properly warm up \*\*\*

**New players:** Last names begin with A-K 10:00 am -- Last names L-Z 11:30 am

**Returning players:** Last names begin with A-K 1:00 pm -- Last names L-Z 2:00 pm

Tryouts are at Monterey Park in Capitola **Saturday, January 25**. Make up date (for players who can't make the weekend Tryouts) is Tuesday, January 28 at 4:00 pm. Rain out date is Saturday, February 1 with same schedule.

#### HIGH SCHOOL TEAM PLAYERS ARE ELIGIBLE TO PLAY IN MID-COUNTY PONY LEAGUE AT A DISCOUNTED REGISTRATON FEE OF \$112.50

The Mid-County PONY Board of Directors approved eligibility for 14 year old players who play high school baseball (at freshman, junior varsity or varsity levels). **These players must register, pay registration fee and attend the Tryouts in January just like all the other players.** They will be placed on teams when the are eligible to play. As per CIF (California Interscholastic Federation) rules, these players cannot play on their Mid-County PONY team until their high school baseball season has ended. Players will be eligible for all star teams if they play at least the minimum number of games required by PONY rules. Mid-County PONY obviously welcomes any high school student who wants to play the full season of PONY league baseball rather than high school baseball (at the regular registration fee of \$225).

On behalf of the Board of Directors, we welcome you to Mid-County PONY Baseball 2020  
Eric Bloom, President Mid-County PONY Baseball www.midcountypony.com



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## SPRING 2020 BASEBALL PLAYER REGISTRATION FORM

### REGISTRATION FEE: \$225.00

Please make your checks payable to Mid-County PONY League

Mail-in registrations are due by **Wednesday, January 22, 2020**. Completed Registration  
Packets and payment must be in prior to Tryouts on **Saturday, January 25, 2020**.

**ALL STAR TOURNAMENT FEES POLICY:** Parents must pay for all star jerseys, caps and a portion of post season tournament participation fees (typically about \$100). Players keep their jerseys and caps.

### PLAYER INFORMATION:

Players Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (All players must provide a copy of their Birth Certificate)

Please check one:

\_\_\_\_ I am a New Player to Mid-County PONY, prior Little League name or school \_\_\_\_\_

\_\_\_\_ I am a Returning Player from the 2019 Mid-County PONY season Last year's team \_\_\_\_\_

Player's Name (First, Middle, Last): \_\_\_\_\_

Player's Street Address: \_\_\_\_\_

Player's City/ State/ Zip Code: \_\_\_\_\_

**Must include one (1) Utility Bill for proof of residency (PG&E, water, cable/internet, phone, garbage, etc.)**

Current school attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the player an experienced:     Pitcher     Catcher     Other position \_\_\_\_\_

Is the player on a travel ball team?     Yes     No    If yes, team name \_\_\_\_\_

### PARENT INFORMATION:

Parent(s) Name: \_\_\_\_\_

Parent(s) Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent(s) Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent(s) Contact Email Addresses: \_\_\_\_\_



**Waiver of Liability, Release**

For and in consideration of the undersigned participant's registration with \_\_\_\_\_(Name of Organization) ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

\_\_\_\_\_  
**Participant Signature                                  Age                                  Date Signed**

\_\_\_\_\_  
**Participant Name (Print)**

\_\_\_\_\_  
**Parent or Guardian Signature                          (if under 18)                                  Date Signed**





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## SPRING 2020 BASEBALL PLAYER MEDICAL RELEASE FORM

Player's Name (First, Middle, Last): \_\_\_\_\_  
(please print player's name clearly)

**EMERGENCY MEDICAL RELEASE DISCLOSURE:** By signing below as the Parent/Guardian of a baseball player on a Mid-County PONY League team, I hereby grant my permission to the adult Manager, Coach, and/or Business Manager of the team to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic for the player named herein at such times 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 and do hereby waive, release, absolve, indemnify and agree to hold harmless Mid-County PONY League, PONY BASEBALL/SOFTBALL, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

Parent or Legal Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent's Name: \_\_\_\_\_

### **Player Contact Information:**

Player's Name (First, Middle, Last): \_\_\_\_\_

Player's Street Address: \_\_\_\_\_

Player's City/ State/ Zip Code: \_\_\_\_\_

### **Parent Contact Information:**

Father's Name (First, Middle, Last): \_\_\_\_\_

Father's Primary Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Mail Address or Email: \_\_\_\_\_

Mother's Name (First, Middle, Last): \_\_\_\_\_

Mother's Primary Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Mail Address or Email: \_\_\_\_\_

### **Medical and Dental Insurance Information:**

Insurance Company: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Insurance Group: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

\*\* Please note any medical conditions (allergies to be noted) and/or current medications concerning the player \*\*



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# Sponsor/Donations Form

Founded in 1957, Mid-County PONY League is a California Non-Profit recreational baseball league for Santa Cruz County youth ages 14 and under. The league is able to maintain an affordable, healthy, safe and fun activity thanks to the generous contributions of the community's businesses and individuals. There are several opportunities to help the kids:

**Team Sponsors -- \$250.** The sponsor is associated with a Mid-County PONY team, is included on the League Sponsors sign displayed at the field, and includes a sponsor listing on the league's website. Team Sponsorships are limited to the number of teams fielded each season.

**Business Field Signs -- \$300 per season.** Signs are 4'x 4' and include your business logo and what ever appropriate information you would like on the sign. You can provide your own sign or we can recommend local signmakers who can produce one for you with your artwork. Depending on the type of sign (vinyl banner, photographic, wood, etc.) production costs generally range from \$100-\$250. Sponsors will also be listed on the league's website.

**Donations --** Those who care to donate in any amount, your generosity is greatly appreciated.

- **\$400 donation buys jerseys and caps for a team**
- **\$150 pays for field rental for Saturday games**
- **\$130 donation pays for 2 umpires for a game**
- **\$35 donation buys a dozen baseballs**

And any amount helps towards the thousands of dollars spent annually on field rental and improvements, insurance, umpires and equipment.

Team Sponsor:            Name: \_\_\_\_\_ \$ \_\_\_\_\_

Business Sign:            Name: \_\_\_\_\_ \$ \_\_\_\_\_

General Donation:        Name: \_\_\_\_\_ \$ \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

Mid-Count PONY League -- CA Non-Profit # 3158879

The Mid-County PONY Board of Directors and players thank you for your consideration.  
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## Business Field Sign Sponsor Form



### THE DONATION TO DISPLAY A BUSINESS FIELD SIGN AT POLO GROUNDS COUNTY PARK IS \$300 PER SEASON

**Business Field Signs \$300 per season** -- Signs are 4'x 4' and include your business logo and what ever appropriate information you would like on the sign. You can provide your own sign or we can recommend local signmakers who can produce one for you with your artwork. Depending on the type of sign (vinyl banner, photographic, wood, etc.) production costs generally range from \$100-\$250. Sponsors will also be listed on the league's website.

Business/Organization Name: \_\_\_\_\_ \$ \_\_\_\_\_

New Business Field Sign

Business Field Sign Annual Renewal

Contact name and phone number: \_\_\_\_\_

Mid-County PONY League is a California Non-Profit that provides the youth of Santa Cruz County an opportunity to play baseball. All proceeds received by Mid-County PONY go directly to pay for operating expenses. These costs include field rentals, umpires, uniforms, insurance and equipment.



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# Volunteer Form

We are an all volunteer organization. We need everyone's help. Please check one or more:

- |                                     |  |                                       |  |
|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Manager    | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Scorekeeper  | <input type="checkbox"/> Board Member          |
| <input type="checkbox"/> Field Prep | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Team Sponsor | <input type="checkbox"/> Business Sign Sponsor |

Mid-County PONY is a small league and needs everyone to volunteer to be successful. Teams must provide volunteers at every game for field set up and chalking, scorekeeping and scoreboard operation. We always need new board members, especially parents of incoming 13 year olds. Everyone is encouraged and welcome to attend monthly board meetings.

Player's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

The Mid-County PONY Board of Directors and players thank you for your consideration.

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