



# 2012 Hart Ransom Pony Application

Registration: January 21, 2012 and January 28, 2012

Div _____
Coach _____
Voucher # _____

This form should be completed, printed and brought with you on registration day. Space is limited and registration is based on a first-come, first-served basis. Submitting this form electronically does not reserve your child's space. You must attend the registration and pay the fees. Bring a copy of birth certificate to verify age of athlete. Visit the Web site, <http://hr-baseballclub.org> to see important information, schedules newsletters, forms, etc. Please email any questions to [info@hr-baseballclub.org](mailto:info@hr-baseballclub.org).

### Player Information

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age as of April 30, 2012: \_\_\_\_\_

School: \_\_\_\_\_

Did You Play at Hart Ransom Last Year:  Yes  No

Parent/Guardian Name: \_\_\_\_\_

### Contact Information

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

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Siblings' Names: \_\_\_\_\_

### \_\_\_ AUTHORIZATION FOR EMERGENCY TREATMENT

In the event of any injury or sickness occurring during any Hart-Ransom baseball games or activities, you authorize any official(s) of the Hart-Ransom Baseball Club to administer first aid, and if necessary to transport you child to a duly licensed physician or to a hospital to administer emergency treatment. If your child's physician can be reached, the named physician on your application will be contacted. By checking and signing this Hart-Ransom Baseball application, you give your consent of your child's participation in any and all of the activities of the Hart-Ransom during this 2010 season. You release the Hart-Ransom Baseball Club or any person(s) connected with the Club of any responsibility for accident or injury incurred as a result of his or her participation in any and all activities, including transportation to and from games and/or activities of the Hart-Ransom Baseball Club.  
Signature: \_\_\_\_\_

### \_\_\_ AUTHORIZATION TO PUBLISH CHILD'S PICTURE

Hart-Ransom Baseball Club and various parents will take photographs of athletes, singly or in a group to post on the website. Athletes' names will not be posted. By checking and signing this Hart-Ransom Baseball application, you give your consent to allow any pictures taken during any Hart-Ransom Baseball activity be posted on the Hart-Ransom Baseball Club Web site.  
Signature: \_\_\_\_\_

### Physician Information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_

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

In Case of Emergency Contact:  
\_\_\_\_\_

### Select the Following Areas Where You Would Like to Participate:

Coaching

Assistant Coaching

Field Maintenance

Special Events

Umpire

Snack Bar

Apparel Booth

### Uniform Pants Size

Youth	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL
Adult	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	

### Uniform Shirt size

<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL
<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL

Pay Option	Pay Fee By:
_____ \$140 flat Registration fee	_____ Cash
_____ \$110 and fundraiser (separate check will be collected for fundraiser)	_____ Check (ck # _____) (ck amount _____) (\$25 fee will be collected for returned checks)

<b>Fundraiser Info:</b>	_____ Pizza cards (\$60)	_____ OK to Cash Fundraiser Check?
Deposit Amount _____	_____ Check	Check # _____
		_____ Cash

Payment will be collected for deferment at time of registration