

**Boys & Girls Club of McAllen
Pony / USSSA**

Baseball Registration Form

**UNDER PONY BASEBALL/SOFTBALL DIVISION ONLY PLAYERS RESIDING IN
MCALLEN CITY LIMITS WILL BE ELIGIBLE FOR ALL STAR PARTICIPATION**

B&GCM # _____ REGISTERED BY: _____ BIRTH CERTIFICATE
(NAME) VERIFIED BY: _____
(NAME)
RECEIPT # _____ SCHOLARSHIP AMOUNT \$ _____ AMOUNT PAID _____

First Name M.I. Last Name M/F Date of Birth Age As Of April 30, 2008

Address City Zip Code Home Number Parents Name - Cell Number - Optional

School Grade _____
_____ Select Teams (USSSA) Name of Coach _____
_____ Open Teams (Pony) Name of Coach _____
_____ Tryout Division (Pony)

Email : _____

BASEBALL DIVISIONS: Select (USSSA) _____ Open/Draft _____

Please Check One: _____ Parental Involvement (4Yrs) _____ T-Ball (5-6) _____ Pinto (7-8)
_____ Mustang (9-10) _____ Bronco (11-12) _____ Pony (13-14) _____ Colt (15-16)

Team _____

Name of last year's team, only if you are remaining in same age division. If want to re-enter draft, don't fill out.

I, (Parent) _____ for myself, my (Child) _____,
my heirs and administrators, waive and hereby release and discharge the Boys & Girls Club of McAllen, its directors,
officers, employees, agents or volunteers from any and all claims caused by the negligence of the Boys & Girls Club of
McAllen programs, including but not limited to any and all injuries suffered by me or my child while traveling to and
from or while participating or volunteering in a Boys & Girls Club of McAllen program.

I hereby certify that I or my child have no physical defects that would prevent us from participating in the program. I
hereby specifically agree that the Boys & Girls Club of McAllen, its directors, officers, employees, agents or volunteers
are under no obligation to provide a physical examination or other evidence of my fitness or my child's fitness to
participate in such program, the same being my sole responsibility.

***I/We further understand that there will be NO REFUND should my child voluntarily resign from the program.
TEAMS WILL NOT BE ALLOWED TO PLAY THEIR FIRST GAME UNTIL A SPONSOR IS SECURED.
PARENTS CAN ASSIST BY SECURING A SPONSOR OR CONTRIBUTING A NOMINAL FEE TOWARDS
YOUR CHILD'S TEAM SPONSORSHIP.***

Parent's Signature _____

Date _____

Yes, I am interested in: Head Coach _____ Asst. Coach _____ Team Sponsorship _____
(225.00 per team)

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____ Cell _____ Email _____