

Gillam-Grant Community Center Recreation 2011 Senior League PONY Baseball

REGISTRATIONS ARE DUE BY MAY 6TH

PLAYER'S NAME: _____

ADDRESS: _____ City/Town: _____ Zip _____

DATE OF BIRTH: _____ AGE _____ M _____ F _____ Years of Experience: _____

PARENT/GUARDIAN NAME: _____

PHONE: WORK _____ HOME _____ CELL _____

EMAIL ADDRESS: _____ (Only team related info will be sent via e-mail)

LEVELS: (Please check one)

_____ Pony LEAGUE I (AGES 13 & 14 as of 5-1-11)

GAMES PLAYED ON TUES, THURS, & SAT

_____ Pony LEAGUE II (AGES 15, 16, 17 as of 5-1-11)

GAMES PLAYED MON, WED & FRI

**A copy of the
player's BIRTH
CERTIFICATE
must be
attached to
register!**

UNIFORM ORDER:

SHIRT SIZE:

Youth ___ S (4-5) ___ M (7-8) ___ L(10-12) ___ X-Large (14-16)

Adult ___ S ___ M ___ L ___ X-Large

**Registrations
are due May 6th.
A \$10 late fee
will be imposed
for any
registrations
received after
the deadline!**

**Players must supply their own grey BASEBALL pants for play!
GGCC supplies team shirt and hat.**

HAT SIZE: (please circle) YOUTH or ADULT

FEES FOR PROGRAM: Discounts are given to Gillam-Grant Community Center Members. If you would like membership information, call the Center.

PONY LEAGUE I	\$75 MEMBER / \$85 NON-MEMBER
PONY LEAGUE II	\$85 MEMBER / \$95 NON-MEMBER

Cash, check, Visa, & MasterCard Accepted.

MAKE CHECKS PAYABLE TO:

GILLAM-GRANT COMMUNITY CENTER

Registration with payment can be mailed or dropped off at
GGCC, 6966 West Bergen Rd., Bergen, NY 14416

**COMPLETE
REVERSE SIDE!!**

PARENTAL/ GUARDIAN CONSENT FORM

Health Insurance Co. Name _____ Policy No. _____

Person to notify in case of emergency: #1 _____ Phone _____ / _____

Person to notify in case of emergency: #2 _____ Phone _____ / _____

Doctor to notify in case of emergency: _____ Phone _____ / _____

ATTACH COPY OF BIRTH CERTIFICATE FOR ALL PLAYERS.

The player named on the reverse side of this form has permission to participate in the activities of the Gillam-Grant Youth Baseball Program (GGCC). Although the activities of GGCC will be supervised, in general, by adults, it is agreed and understood that neither GGCC nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named player arising out of such activities sponsored by GGCC; and, the undersigned shall keep, save, and hold harmless GGCC, and such individuals supervising, aiding and otherwise associated with GGCC's activities from all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of, such players' participating in games, practices, and other activities of GGCC youth baseball program.

Fees are due at the time of registration. A \$40.00 return check fee applies. Registration fees will only be reimbursed to those with a physician's medical excuse prior to the ordering of uniforms. Should a division not have enough registrants, fees will be refunded. A \$10 late fee will be assessed for registrations received after the May 6th deadline.

One-on-one assistance is not provided in the GGCC youth recreation leagues. All registrants must be able to participate independently. GGCC reserves the right to evaluate player's performance and behavior. GGCC reserves the right to remove players from league participation in the interest of safety for all participants.

Parent or Guardian Signature (REQUIRED) **X** _____ Date _____

CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent or Guardian Signature (OPTIONAL) _____ Date _____

PHYSICAL WAIVER I certify that the player named on the reverse side of this form, has had a physical examination in the last 12 months and is physically fit to compete in all youth recreation activities.

Parent or Guardian Signature (REQUIRED) **X** _____ Date _____

What You Should Know....

- These teams are registered with Pony League Baseball. Requires travel to various area towns.
- Copies of birth certificates are required for ALL players. Games are played late June thru Aug.
- Any Players registered after May 6th will be placed on a waiting list. Teams may be dropped due to lack of registration by May 6th! Players will be contacted by the coach regarding practice schedules.

**Sponsors
Needed**

If you or your company are interested in sponsoring a team this year for soccer, baseball, or softball programs, contact the office at Gillam-Grant. Your organization's name will be placed on the teams' uniforms. Sponsorship is \$175.00.

If you are interested in being a volunteer coach, call Gillam-Grant. VOLUNTEERS make the summer programs possible!!

GILLAM-GRANT COMMUNITY CENTER
6966 WEST BERGEN RD. BERGEN, NY 14416 (585) 494-1621