



TEAM: _____

2026 PONY LEAGUE REGISTRATION

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (preferred contact) #: _____

BIRTHDATE: _____ AGE AS OF JAN. 1, 2026: _____

PLAYING HISTORY (LEAGUES): _____

POSITIONS PLAYED: _____

PARENT(S)/GUARDIAN(S): _____

CELL PHONE #: _____

*MEDICAL INSURANCE COVERAGE: _____ POLICY #: _____

*EMERGENCY CONTACT (OTHER THAN PARENTS): _____

PHONE #: _____ RELATIONSHIP: _____

REGISTRATION FEE: \$140.00 (2ND PLAYER \$125.00)

AMOUNT PAID: _____ CHECK #: _____ CASH: _____

DATE: _____ RECEIVED BY: _____

Any returned checks will be charged an additional \$30.00 fee

ALL FEES ARE NON-REFUNDABLE

BIRTH CERTIFICATE VERIFICATION:

DATE OF BIRTH: _____ BY LEAGUE OFFICIAL: _____

****BOTH PLAYER AND PARENT(S) MUST SIGN REVERSE SIDE OF FORM****

PLEASE READ AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS BY SIGNING AT THE BOTTOM OF THE FORM:

I/We, the parent(s)/guardian(s) of the above-named player, give my/our consent to his/her participation in any and all activities of the Highland Regional Baseball League during the current season.

I/We hereby waive, release, absolve, indemnify and agree to hold harmless the organization, sponsors, league officials, supervisors, participants, and persons transporting my/our child to and from activities in case of injury to my/our minor player whether the result of negligence or for any other cause. I/We assume the risk of injury, known or unknown which may occur.

I/We will furnish a copy of certificate of birth for the above-mentioned player.

I/We will ensure that my/our player will attend as many games and practices as possible, and I/we understand that a player may be dropped from the league due to poor attendance. Please disclose any activities in which your player participates that may cause absences from scheduled games (ie. camps, sports other than baseball, extended vacation, etc. _____

I/We give permission for Highland Regional Baseball League to use photos of my/our child captured during Highland baseball events to be used solely for the purpose of promoting the baseball league in print or online and waive any rights of compensation or ownership thereto. Initial if NO: _____

I/We understand that each player will participate in one mandatory fundraiser for the season.

I/We understand that volunteering during the games is a necessary duty for the parents and I/we agree to volunteer as needed during the season.

I/We understand that under league rules, no Highland Regional Baseball League player can play in any other league or on any other baseball team except High School or the American Legion Senior League. Any player found to be playing on another organized baseball team, other than as described above, will be banned from playing for any Highland Regional Baseball League team.

I/we understand that the Highland Regional Baseball League operates under a strict Code of Conduct with a Zero Tolerance policy as outlined in the rules which will be provided to each player. I/we agree to abide by these rules and will be held accountable accordingly.

PLAYER SIGNATURE: _____ DATE: _____

PARENT(S) / GUARDIAN(S) SIGNATURE(S):

_____ DATE: _____

_____ DATE: _____

PLEASE bring this form, COMPLETED WITH SIGNATURES, a COPY of player's birth certificate, and a check for Registration Fee made payable to "Highland Regional Baseball League" to your try-out. THANK YOU!

Draft will be held in September. Coach will contact players with team.

Questions call: Michael Donald, pony commissioner 814-262-5960
Dan Christ, vice-president 814-244-6935