



South San Francisco Youth Baseball Managers Association

www.ssfbaseball.org

650-634-9494

Bronco and Pony Leagues

Bronco and Pony BASEBALL SIGN-UPS

2018 SEASON

<http://www.ssfbaseball.org>

Cosponsored by SSF Park and Recreation Department and the
SSF Police Athletic League

Bronco Baseball ages 11 and 12

Pony Baseball ages 13 and 14

(age as of 8/31/2018)

- Practice begins: Late February, Games begin: early April, weather/ fields permitting
- Scholarships available

Registration by mail (form on back of this sheet), in person sign-up dates listed below, or online at www.ssfbaseball.org

In person sign-up dates:

Saturday January 6th, 13th and 20th 9:00 a.m. to 12 noon @33 Arroyo

Wednesday January 17th 7:00 p.m. to 9:00 p.m. @ 33 Arroyo

Thursday January 18th 7:00 p.m. to 9:00 p.m. @ 33 Arroyo

33 Arroyo is the Municipal Services Building in South San Francisco

All new players to Bronco or moving to Pony must attend a tryout.

Tryouts: January 27, 2017 at Callero Field

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- Please check: Baseball (Bronco/Pony) **Per Player Fee: \$125 resident/ \$175 non-resident per player**
 Baseball (Bronco/Pony) **Family Fee: \$160 Resident/\$225 Non Resident per family**
 Add additional \$70 per player or
 Agree to sell **10** Raffle tickets for **\$100 per player**

Player Information

Last Name:	First Name:	Preferred Name:
Contact Number:	Street Address:	City:
Date of Birth:	Age (as of 8/31/18)*	2017 team played on:

*birth certificate needed if new player to SSFYMBA

Player Medical Information

Physician Name:	Physician Phone:	Medical Insurance Carrier/Policy Number:
In the event of an emergency, Hospital name:		

Parent/ Guardian contact information

Mother Name:	Best contact number:	e-mail address:
Father Name:	Best contact number:	e-mail address:

Emergency Contacts (other than parents)

Name:	Telephone:	Relationship to player:
Name:	Telephone:	Relationship to player:

Does this child have any disabilities, handicaps, present injuries, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe here or attach another sheet:
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Emergency Authorization: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorizes the coaches, team parents, the above-identified Emergency Contact and/or other Pinto/Mustang officials to act as my agents in the capacity of activity supervisors and vehicle drivers and to consent to medical, surgical or dental examination or treatment.

Assumption of Risk: I acknowledge that participation in baseball necessarily involves risk of injury. For myself and the above player, I accept and assume all such risk.

Parent Signature: _____ Date: _____

Mail registration form and payment payable to SSF Youth Baseball League:
SSF Youth Baseball
PO BOX 5511
South San Francisco, CA 94083