|  |  |
| --- | --- |
| **PONY-ProtectOurNationsYouth** | Shetland Pinto Mustang-9  Mustang Bronco-11 Bronco  Pony-13 Pony |

**INSTRUCTIONS FOR TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT**

This form serves as a roster of the tournament team as well as an affidavit certifying that the dates of birth of the players listed are correct and that the players have met all of the eligibility requirements.

COMPLETION OF THE ELIGIBILITY AFFIDAVIT:

Please complete the affidavit by typing all information required in the fields on the computer.

1. Indicate the program (age group) for which this form is being used. **To set the X in the Division Box DOUBLE CLICK on the Check Box or Click to the left of the Check Box of the division and set Default Value to Checked**
2. Obtain age determining documents for all players on the tournament team. These documents shall be birth certificates, hospital certificates, baptismal certificates or equivalent religious or legal documents.
3. Identify the league.  Place the name of the league, the city and the state in which the league is located at the top of the form in the space provided.
4. List the players.  Click on each of the gray areas in the form. The names of up to 15 players for Shetland, Pinto, Mustang, Bronco, and PONY Baseball. ***THE NAMES SHOULD BE LISTED EXACTLY AS THEY APPEAR ON THE AGE DETERMINATION DOCUMENTS***. Note: Your eligibility affidavit must list the minimum of 12 legal players.  Except for illness or injury, you cannot add players after you have presented the Eligibility Affidavit at your first tournament game.
5. List the Manager, Coach and Business Manager.  Along with addresses and phone numbers.  Managers and coaches must be of “legal age” as defined in your state.  Business Managers must be the legal age in the state the team is registered in. **Only SHETLAND, PINTO Machine Pitch and PINTO Coach Pitch teams can list a 4th coach.**
6. PONY players with a disability may request reasonable modification of PONY rules.  Attach additional pages as necessary.

1. **Pitching record should either be printed on the back of your copy of the tournament team eligibility affidavit, or affixed with a staple.**

1. Authorized Signature. The Eligibility Affidavit must be signed by the league president or an authorized representative.
2. DISTRIBUTION OF COPIES.  **Please print out one original of the completed Eligibility Affidavit.   Ensure the margins are set correcty so that all data is printed on the same page.** This original will be presented at your first level of tournament play. This original will also have a second page containing the TEAM Pitching Record.  These two forms will be returned to the team after each level of tournament play and must be presented at any future tournament games.

IMPORTANT:   Once this form has been filed with the Tournament Director at the team’s first tournament game, no changes can be made on the player roster for any reason, except for illness or injury.   This can only be accomplished with a physician’s statement of conditions necessitating the replacement. Once removed the player cannot return during that tournament season.

**INSTRUCTIONS FOR MANAGER, COACH AND BUSINESS MANAGER**

**Do not begin play in any Tournament game until a Decisions Committee has been appointed.**

**All managers, coaches and business managers must be in complete baseball uniforms with an Official Tournament Patch to be on the bench or on the field.   Tournament emblem shall be displayed per the PONY Rule Book.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2018 BASEBALL**  **TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT** | ShetlandPintoMustang-9Mustang | Shetland 4 or 5  Shetland  Pinto-7  Pinto  Mustang-9 | Mustang  Bronco -11  Bronco  Pony-13  Pony | **This copy must be carried to all games and must be presented for examination upon request to the opposing managers or tournament officials one hour before each game. Failure to do so may result in forfeiture. DO NOT START ANY TOURNAMENT GAME WITHOUT A DECISIONS COMMITTEE. All protests must be settled by the Decisions Committee before play resumes. Under no condition will protests be accepted after a game is completed.** |
| Bronco-11BroncoPony-13Pony |

|  |  |  |  |
| --- | --- | --- | --- |
| League Name: | Location: | City: | State:      Zip: |
| Insurance Co.: | Accident Policy #:      Liability Policy # | Team Name: | Zone: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Uni. # | Player’s Full Name (as per documentation) | Birthdate (MM/DD/YYYY | Street Address | City | State | Zip | Reg. Season Team |
| 00/12 | John David Doe | 09/09/2008 | 123 Anystreet Road | Anytown | PA | 12345 | Pirates |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |
| / |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MANAGER: | FULL ADDRESS: | EMAIL: | PHONE: |
| COACH: | FULL ADDRESS: | EMAIL: | PHONE: |
| BUS. MGR: | FULL ADDRESS: | EMAIL: | PHONE: |
| \*COACH: | FULL ADDRESS: | EMAIL: | PHONE: |

\*4th coach for Shetland, Pinto Machine Pitch and Pinto Coach Pitch Only

I hereby agree the above named league will comply with the Rules and Regulations governing tournament play set forth by PONY Baseball and Softball, and will abide by the decisions of the Division Director, Tournament Directors and Decisions Committees in all matters relative to the interpretation of those rules and regulations, and the eligibility of players on the basis of residence, age and participation in regular season play.

I agree that the above named league shall be responsible for acquisition of proper insurance coverage including General Liability and Completed Operations Coverage and name PONY Baseball, Inc., as additionally insured. The Host shall indemnify and hold harmless PONY Baseball Inc., from and against any and all claims, liabilities, losses, costs, damages, expenses, including reasonable attorneys' fees, obligations or charges of any kind whatsoever made against or suffered by PONY Baseball, Inc., in any way concerned with or relating to your activities unless caused by PONY Baseball, Inc.'s own gross negligence or willful misconduct.

I agree, in recognition of the volunteer nature of those serving as League Officers, Managers and Coaches, and PONY Baseball/Softball Field Directors, all matters in dispute shall be adjudicated as set forth in the Rules and Regulations published by PONY Baseball/Softball, and that the league will not institute legal action against PONY Baseball/Softball or any of its representatives.

I certify that the dates of birth of players listed above are correct and have been substantiated by birth documents examined by me, that the address of each player is listed correctly, and that each player lives within the boundaries of the league.

Signed by League President (or league representative) Date Address City State ZIP Phone Email Address

**CALIFORNIA ONLY**: **Coaching staff is in compliance with the Concussion Protocol Law of CA.** Manager/Coach Initials\_\_\_\_\_\_\_\_\_\_

**BIRTH CERTIFICATE CONFIRMED BY:**

|  |
| --- |
| PONY players who, because of a disability, need a reasonable modification to PONY's rules, policies, or practices in order to participate fully and equally in PONY games should describe in the  space below the modification needed and how the modification would avoid discrimination, including how the modification will address the player's disability. {Note that PONY may refuse any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DISTRICT)  request that will result in a fundamental alteration to an essential aspect of PONY's program.} Attach additional page if necessary. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SECTION) |
| PONY players who are deaf or substantially limited in hearing may use a sign language interpreter, or other auxiliary aid, during games. PONY and/or the local league shall ensure that any such  player who requests a qualified sign language interpreter is provided with such an interpreter free of charge. If a player prefers instead to select and pay for his or her own sign language  interpreter, or use an acquaintance as an interpreter (i.e., a family member), this is permitted under PONY rules. If you need a sign language interpreter, or other auxiliary aid, Please provide the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(REGION)  following information:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SUPER REGION)  Describe the auxiliary aid that would provide effective communication based on your communication needs: |
|  |
| Do you want PONY and/or the local league to ensure that you have a qualified sign language interpreter free of charge? Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ZONE)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you are providing you own sign language interpreter, please provide that individual's contact information here: (Name, address, phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(WORLD SERIES) |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| PONY-ProtectOurNationsYouth | **TOURNAMENT PITCHING RECORD**  Names of all pitchers who appear in tournament games must be listed on this form and the form must be signed by one of the following:  Opposing Team manager, business manager, the official scorer of the game, the tournament director, or an official game representative. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of**  **Game** | **Level Of**  **Tournament Play** | **Opponent**  **Name** | **Pitcher’s  Name** | **Pitcher’s**  **Age** | **Pitcher’s Number** | **Pitch**  **Count** | **Days**  **Rest** | **Official Signature**  **& Title** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |