



Rowland Pony Baseball Registration

DATE: _____

PLAYER INFORMATION: Please print clearly.

Full Name: _____ Gender: M F School _____

Address _____ Date of Birth _____

City: _____ State: _____ Zip Code _____ Age _____ on Apr 30, 2026?

Jersey Size (Circle One): (Youth) XS S M L XL (Adult) S M L XL Jersey# _____
(No Guarantees)

After-School Programs (Circle One): Catechism Chinese School Band Other: _____

Food Allergy: (Circle One): No Yes Allergic to: _____

PARENT/GUARDIAN INFORMATION: Please print clearly.

Mother/Guardian Name: _____ Phone#: _____

Email: _____

Father/Guardian Name: _____ Phone#: _____

Email: _____

MEDICAL INFORMATION:

Insurance Carrier: _____ Policy #/ID: _____

Emergency Contact: _____ Phone#: _____

Would you like to volunteer? (Circle one or more) Yes No

Board Manager Coach Scorekeeper Team Mom Snack Shack Field Maintenance

League Use Only:

Season: _____ Division: _____ Team: _____

Payment Plan: ☐ No ☐ Yes

Down Payment: \$ _____ Fundraiser: \$ _____ Snack Bar Fee: \$ _____ Check# _____

Balance Due: \$ _____ Board Member Initials _____ Digital Payment \$ _____

How did you hear about us? Flyer Banner School Social Media Other: _____

* 1521 Nogales St., P.O. Box #8726, Rowland Heights, CA 91748 *