

FOR FURTHER INFORMATION CALL – (410) 531-9434

FEE Ponce de Leon Registration Fee \$ 190.00
 Late Fee (Returning players only) \$20.00 _____
 (Postmarked or received after Sunday, August 25th, 2024)

INDIVIDUAL REPLACEMENT UNIFORM ITEMS:

Gray Lightweight Jersey	\$37.00 (2X-\$39.00)	_____
Blue Lightweight Jersey	\$37.00 (2X-\$39.00)	_____
Gray Baseball Pants	\$35.00	_____
Official Ponce Hat	\$20.00	_____
Belt	\$10.00	_____
Solid Blue Socks	\$10.00	_____

Jersey Size: Circle one: M L XL 2X
Pants Size: Circle one: M L XL 2X

TOTAL \$ _____

REGISTRATION - PONCE de LEON BASEBALL – FALL 2024

Name _____ Age _____ D/O/B _____
 Address _____ City _____ St _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____
 Preferred Age Group: 30 Plus 47 Plus
 Please list any registered players with whom you would like to play _____
 Email Address _____

EMAIL COMPLETED REGISTRATION TO : TLBASEBALL34@GMAIL.COM

MAIL YOUR CHECK AND REGISTRATION TO:

**PONCE de LEON BASEBALL LEAGUE
 P.O. Box 332, Highland, MD 20777**

PAY FEE WITH VENMO OR CASH APP

**CASH APP #TommyTater
 Venmo@Thomas-LaGrave**
 Players paying by CASH App or Venmo Please forward
 Registration form

Credit Card Number _____ Expiration Date _____
 Print Name on Credit Card _____ Amount To Be Charged _____
(Visa or Mastercard Only)

BY PHONE: (410) 531-9434 OR FAX: (410) 531-5244

RELEASE OF LIABILITY -- READ BEFORE SIGNING

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THOMAS W. LAGRAVE, INC., T/A PONCE DE LEON BASEBALL LEAGUE, INC. their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE _____ DATE _____