



# Player Registration Form

<b>Player name</b>			<b>Birthdate</b>			
<b>Address</b>					<b>Gender</b>	
<b>Address 2</b>						
<b>City/State/Zip</b>			<b>League Age/ Fee</b>			
<b>Home phone</b>	( )			Age	Amount	
<b>Email</b>			<b>My child will tryout for:</b>	<input type="checkbox"/> <b>Baseball</b>	<input type="checkbox"/> <b>Softball</b>	

**Parent #1**

**Parent #2**

<b>Name</b>			<b>Name</b>		
<b>Phone</b>	( )		<b>Phone</b>	( )	
<b>Email</b>			<b>Email</b>		
<b>Occupation</b>			<b>Occupation</b>		
<b>Volunteer?</b>	<input type="checkbox"/>		<b>Volunteer?</b>	<input type="checkbox"/>	

**Medical Information**

**League Use Only**

<b>Emergency contact</b>		<b>Phone</b>	
<b>Relationship to player</b>		<b>Policy</b>	
<b>Insurance carrier</b>			

Birth Certificate	Proof of Residency
Medical Release Form	Waiver needed?
Level Assigned	Team Name

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Little League Baseball®



## Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# Little League® Volunteer Application



Do not use forms from past years. Use extra paper to complete if additional space is required.

A copy of valid government issued photo identification must be attached to complete this application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

\_\_\_\_\_

Do you have children in the program? Yes  No

If yes, at what level? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

League Official  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

## Local League Use Only:

Background check complete by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry  Criminal History Records

*Only attach to this application copies of background check reports that reveal convictions of this applicant.*

## **Required Documents for Little League Registration**

1. **ORIGINAL** and one (1) copy of a Birth Certificate- **a duplicate of the certified original can be obtained from the San Diego County Recorder's office (if your player was born in SD County) will suffice.** This document costs \$18.00 and can be purchased over the counter with proper ID. After the certification, the original will be given back to you and the team will keep a copy.
2. Medical release form.
3. Three (3) of the following proofs of residency (supply one item from three of the following categories [i.e. one driver's license, one utility bill and one report card].):
  - Copy of California Drivers License from one parent.
  - Voter registration information.
  - School Records (a report card or letter from the school confirming that player attends the local school will suffice.).
  - Welfare Records.
  - Federal and/or State documentation (i.e. DMV vehicle registrations).
  - Utility bills.
  - Homeowner records (i.e. Deed of Trust, loan documents, etc.).
  - Support payment records.

We have been told by District 41 that the residency requirement can be the following documents, all of which are readily assessable if you have a car: (1) copy of driver's license; (2) copy of vehicle registration; and (3) copy of proof of insurance card.