



# PLAYER REGISTRATION SEASON: 2020

League Age \_\_\_\_\_

INTERNAL USE ONLY

Proof of residency:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Medical Release:	<input type="checkbox"/> yes <input type="checkbox"/> no
School Form:	<input type="checkbox"/> yes <input type="checkbox"/> no	Code of Conduct:	<input type="checkbox"/> yes <input type="checkbox"/> no
Waiver Needed:	<input type="checkbox"/> yes <input type="checkbox"/> no	Concussion Form:	<input type="checkbox"/> yes <input type="checkbox"/> no
Birth certificate:	<input type="checkbox"/> yes <input type="checkbox"/> no	Fees Paid :	___ yes ___ no
Checked by _____			

Player info:  returning player  new to SCLL

first name	middle initial	last name
nickname (what does your child prefer to be called?)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
date of birth (mm/dd/yyyy)		league age (age as of Aug 31, 2020)
street address (no p.o. boxes!)		
city	state	zip code
school name		grade
shirt size: <b>MAJOR</b> division only <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

### Parent/Guardian 2 Info

first name	middle initial	last name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
home phone		<input type="checkbox"/> Primary
work phone		<input type="checkbox"/> Primary
mobile phone		<input type="checkbox"/> Primary
email address		
Occupation		

### Parent/Guardian 1 Info

first name	middle initial	last name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
home phone		<input type="checkbox"/> Primary
work phone		<input type="checkbox"/> Primary
mobile phone		<input type="checkbox"/> Primary
email address		
occupation		

### Emergency Contact (other than parents)

first name	last name
relationship to player	
phone 1	phone 2

### Special requests (note: buddy/coach requests are for T-ball only)

buddies
coach/manager
comments

### Terms and Conditions

I, the legal guardian of the above named player ("Candidate") for a position on a Little League Team, hereby give my approval to participate in any and all Little League Activities with San Carlos Little League, Little League Inc., and its affiliates ("SCLL"), including, but not limited to transportation to and/or from activities and to be bound by all terms and conditions contained herein:

- I understand that participation in Little League sports may result in serious injury and protective equipment cannot prevent all injuries, and do hereby waive, release, absolve, indemnify, and agree to hold harmless from any claim SCLL and its Organizers, Sponsors, Supervisors, Participants, League Officials, and any person transporting Candidate, arising out of any injury to the Candidate whether the result of negligence or for any other cause.
- I agree to return upon request any equipment issued to the Candidate in as good conditions as when received except for normal wear and tear.
- I agree that the Candidate may be required to try out for a team. If such does not attend at least 50% of scheduled tryouts, the local Board of Directors' approval is required for the Candidate to be placed on a team.
- I understand that the Candidate may be chosen at any time 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.
- I agree to provide proof of legal residence and age; acceptable proofs are determined by SCLL and/or Little League Inc. I understand that the Candidate must be eligible under the residence and age regulations of Little League, Inc. 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 further understand that if any participant on a Little League team does not qualify for participation at SCLL based on residency,

school location and/or age, such participant and/or team on which he/she participates may be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

- I hereby give consent to use my player's image or likeness, to include but not limited to drawings, photographs, video, in digital or printed form for the purpose of advertising, promotion, sponsorship or for any activity sanctioned by SCLL. I understand that I will not receive remuneration or any other consideration for SCLL's use of said images. I agree to indemnify and hold harmless SCLL, including current and past League Officers, Volunteers, Agents or Contractors for any such use by SCLL or any other party.
- I assume any and all risk for my vehicle(s) when parking at or near SCLL's property. I agree to hold SCLL harmless for any loss as a result of damage and/or theft to my vehicle(s).

I understand and agree to all of the Terms and Conditions.

Parent/Guardian Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



# Little League. Baseball and Softball M E D I C A L R E L E A S E



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### 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: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

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

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

### If parent(s)/guardian cannot be reached 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

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

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.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

### FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# Sport Parent Code of Conduct

We, the San Carlos Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

## ***Preamble***

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

## ***I therefore agree:***

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

1. Verbal warning by league official, manager/coach, and/or board member of league.
2. Written warning
3. Parental game suspension with written documentation of incident kept on file.
4. Parental season suspension.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Parent/Guardian Signature

- Tell your child's manager about any recent concussion. Managers should know if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell the coach.

**WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?**

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

**LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!**

Adapted from the CDC. For more information you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_