



Player Registration Form

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

Parent #1

Parent #2

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

Medical Information

League Use Only

Emergency contact		Phone	
Relationship to player		Policy	
Insurance carrier			

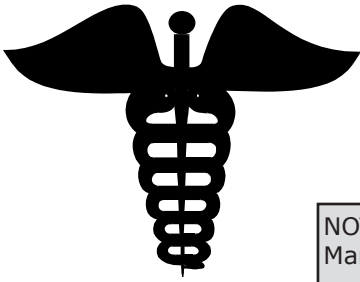
Birth Certificate	Proof of Residency
Medical Release Form	Waiver needed?
Level Assigned	Team Name

- 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.
- 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.
- 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.
- 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.
- 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.

- 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.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____

Date _____



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

PLAYERS CODE OF ETHICS

(Updated 12-17-07)

- I will refrain from using any tobacco products, alcoholic beverages or drugs while participating in any team function.
- I will give coaches notice if unable to attend practices or games.
- I will play to the best of my ability and for the good of the team.
- I will respect and cooperate with coaches and umpires.
- I will tell my coaches of any illness or injury that might affect my team performance.
- I will try to be a good sport in relationship with all players, parents and fans.
- I will not criticize umpires, coaches or opponents.
- I will refrain from use of profanity and telling untruths.
- I will refrain from the use of threats and physical aggression toward anyone.
- I will win without bragging and lose without whining.

I hereby acknowledge that failure to comply with the Players Code of Ethics will result in disciplinary action as outlined in the Daviess County Playground Disciplinary Action Policy.

Players Signature

Date

PARENTS CODE OF ETHICS

(Updated 12-17-07)

- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this code of ethics and will abide by the rules and regulations of all programs involved.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials. I will refrain from criticizing, attempting to intimidate or verbally abusing players, fans, parents, coaches, umpires and other officials at every game, practice or other youth sports events.
- I will have my child prompt in attendance to all scheduled games and practices, and further to notify the coaching staff if an emergency arises and my child cannot attend a game or practice.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist my child play in a safe and healthy environment.
- I will demand a drug, tobacco and alcohol free sports environment for my child and agree to assist by refraining from their use at sporting events.
- I will abide by the weapons policy established by the Daviess County Board of Education prohibiting possession of firearms or other dealt weapons.
- I will remember that the game is for children and not for adults.
- I will do my very best to make sure youth sports are fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, participating in fund-raisers, work days and concession duties.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches Code of Ethics.
- I will give the coach notice of any use of medication by my child that will hamper his/her playing ability.
- I will refrain from cursing.
- I will refrain from acting in an irrational manner.

I hereby acknowledge that failure to comply with the Parents Code of Ethics will result in disciplinary action as outlined in the Daviess County Playground Disciplinary Action Policy.

Parent's Signature

Date

Parent's Signature

Date