



# Little League® Player Registration Form

Baseball Softball Tball (circle one)

## Player Information

Player Name: \_\_\_\_\_

Birthdate (mm/xx/yyyy): \_\_\_\_\_

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

Gender: Male ☐ Female ☐

Address 2 (if applicable): \_\_\_\_\_

League Fee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ph# for auto. calls: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

### Parent/Guardian #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

## If Parent/Guardian unavailable

Emergency contact: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Information

Insurance carrier: \_\_\_\_\_

None \_\_\_\_\_

Phone: \_\_\_\_\_

Policy: \_\_\_\_\_

## Terms and Conditions

- (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) If applicable, 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 to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at [LittleLeague.org/residence](http://LittleLeague.org/residence)) and age. I/
- (5) We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania 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 Little League International Charter Committee or Little League International Tournament Committee.
- (6) 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. If applicable, I/We understand that our child (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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt-out of communications from Little League International at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RESIDENCY AND SCHOOL ATTENDANCE ELIGIBILITY REQUIREMENTS

Each local Little League® determines the actual geographic boundaries of the area from within which it shall select players. These boundaries must be described in detail and shown on a map and dated when making application for a Little League charter. Players will be eligible to play with that league only if they reside or the physical location of the school where they attend classes is within the boundaries provided to and approved by Little League Baseball®, Incorporated.

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## I. A PLAYER WILL BE DEEMED TO RESIDE WITHIN THE LEAGUE BOUNDARIES IF:

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- A. His/her parents are living together and are residing within such league boundaries, OR;
- B. Either of the player's parents (or his/her court-appointed legal guardian) reside within such boundaries. It is unacceptable if a parent moves into a league's boundaries for the purpose of qualifying for tournament play. As detailed later in these rules, the penalty for violation of this rule may, in Little League Baseball, Incorporated's discretion, result in the disqualification of a player, team or entire league from regular season and/or tournament play.
- "Residence," "reside" and "residing" refers to a place of bona fide continuous habitation. A place of residence once established shall not be considered changed unless the parents, parent or guardian makes a bona fide change of residence. Residence shall be established and supported by documents containing the full residence which includes parent(s) or guardian(s) name, street address, city, state and zip code information, dated or in force between February 1, 2018 (previous year) and February 1, 2019 (current year), from one or more documents from each of the three Groups outlined below:
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GROUP ONE	GROUP TWO	GROUP THREE
1. Driver's License	1. Welfare/child care records	1. Voter's Registration
2. School records	2. Federal records (Federal Tax, Social Security, etc.)	2. Utility bills (i.e., gas, electric, water/ sewer, phone, mobile phone, heating, waste disposal)
3. Vehicle records (i.e., registration, lease, etc.)	3. State records	3. Financial records (i.e. loan, credit, investments, etc.)
4. Employment records	4. Local (municipal) records	4. Medical records
5. Insurance documents	5. Support payment records	5. Internet, cable, or satellite records
	6. Homeowner or tenant records	
	7. Military records	

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**NOTE: Example – Three documents from the same Group (utility bill, cable bill, and bank statement) constitute only ONE document.** Any documents submitted as proof of residence must show customary usage or consumption to demonstrate bona fide continuous habitation as determined by Little League Baseball, Incorporated in its discretion.

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## II. A PLAYER WILL BE DEEMED TO ATTEND SCHOOL IN THE BOUNDARIES IF:

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- A. The physical location of the school where they attend classes is within the boundaries established by the local league.
- NOTE:** This excludes home schools, cyber schools, sports-related schools, sports academies, or preschool or after school where a student participates outside of the primary school the player is enrolled.

"School attendance" refers to the (place) physical location the player in question attends school during the traditional academic year. Once established, a location of school attendance shall not be considered changed unless the child is enrolled and attends another school or is no longer enrolled in the previous school.

School attendance shall be established and supported by a document indicating enrollment for the current academic year, dated prior to **October 1, 2015** and with the physical location of the school, from **ONE of the following categories** to determine school attendance by such player:

1. Official/Certified school enrollment record dated prior to **October 1, 2016**
2. A Little League issued school attendance form completed by the principal, assistant principal or administrator

It is recommended that the league require some proof of residence or school attendance within the league's boundaries at the time the player registers. Players and their parents/guardians are advised that a false statement of residence or school attendance may lead to ineligibility to play Little League Baseball or Softball. Under **NO** circumstances does **ANY** person have the authority to grant a waiver that allows a child to play in a local Little League program **IN ANY DIVISION**, when that child does not qualify under these residency requirements. Any league who accepts any player outside of their boundaries and fails to properly document

compliance with the "Residence and/or School Attendance Player Eligibility Requirement" or obtain a waiver through the Charter Committee may result in the disqualification of a player, team or entire league from regular season and/or tournament play.

If the claim for residency or school attendance is challenged, the above materials must be submitted to Little League Baseball, Incorporated, with an affidavit of residency or school attendance from the parent(s) or guardian. Little League Baseball, Incorporated shall have the right to request additional documentation in support of the claim of residency or school attendance. The parent(s) or legal guardian will be required to provide said documentation to obtain eligibility. Little League Baseball, Incorporated shall decide the issue in its sole discretion, and that decision will be final and binding. Residency or school documents must illustrate that the residence or school attendance (as defined above) was inside the league's boundaries throughout the regular season (as of June 15 of the year in question).

In the case of a Regulation II(d) Waiver Form, or a Regulation IV(h) Waiver Form, the proof of residence for the FORMER residence of the parent(s) or former school that was within the current league's boundaries must be obtained. This proof of residence for the former residence or former school attendance must be supported by the same documentation as noted above.

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### **TOURNAMENT REQUIREMENT FOR NON-CITIZENS:**

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*A participant who is not a citizen of the country in which he/she wishes to play, but meets residency requirements as defined by Little League, may participate in that country if:*

1. his/her visa allows that participant to remain in that country for a period of at least one year, or;
2. the prevailing laws allow that participant to remain in that country for at least one year, or;
3. the participant has an established bona fide residence in that country for at least two years prior to the start of the regular season.

Exceptions can only be made by action of the Charter Committee in Williamsport. Any request for a waiver pertaining to the eligibility of a player must be submitted in writing, by the president of the local Little League through the District Administrator, to their respective Regional Director not later than the date prescribed in Regulation IV(j). Requests submitted after that date will not be considered.

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### **PROOF-OF-AGE REQUIREMENTS ACCEPTABLE FORMS OF PROOF OF BIRTH DATE**

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1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Little Leaguer is participating.
2. If country of participation differs from the country of proof of age document, original proof-of-age document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, are acceptable proof of age, provided the document was filed, recorded, registered or issued within one (1) year of the birth of the child.
3. An original document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, listing the date of birth, with reference to the location and issue date of the original birth certificate, is acceptable. (The original birth certificate referenced must have been filed, recorded, registered or issued within one (1) year of the birth of the child.) Also issued by these agencies are photocopies of the certificate of live birth with the certification also photocopied, including the signature, and include the seal impressed thereon. Such documents are acceptable without "live" signatures, provided the original filed, recorded, registered or issued date of the birth certificate was within one (1) year of the date of birth.
4. For children born abroad of a parent or parents who are U.S. citizens, any official government document issued by a U. S. federal agency or service, is acceptable. For military dependents, Department of Defense identification cards and military hospital certificates are acceptable. These must be originals, not copies, and must refer to a filing, recording, registration, or issue date that is within one (1) year of the birth of the child.
5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a District Administrator is acceptable.

**NOT ACCEPTABLE AS SOLE PROOF OF BIRTH:** Baptismal Certificate; Certificate of Blessing; Certificate of Dedication; Certificate of Circumcision, etc.; Hospital Certificate; photocopied records; passports.

**NOTE:** Little League International has authorized the Regional Directors for Latin America, Europe and Africa, and Asia/Pacific, to adopt a policy that excludes No. 1 above. Local Little Leagues and districts in those regions will be informed of the regional policy.

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## HOW TO OBTAIN ACCEPTABLE DOCUMENTS PROVING DATE OF BIRTH

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Certified copy-of-birth records may be obtained from the Registrar of Vital Statistics of each state, province or local office where the child was born. For U.S.-born persons, addresses of these offices or bureaus, fees required, and other pertinent information are supplied by the United States Department of Health and Human Services (National Center for Health Statistics). A database listing the method for obtaining birth records from any U.S. state or territory is available at the following Internet address: → [cdc.gov/nchs/w2w.htm](http://cdc.gov/nchs/w2w.htm)

Individual states may also have on-line instructions on how to obtain “rush” birth records. To find out a state’s latest policies regarding birth records, go to the Internet site listed below and type “birth records” into the search field, designate the appropriate state, then **click on “SUBMIT.”** → [usa.gov](http://usa.gov)

Persons in the U.S. who need a copy of a non-U.S. birth record should contact the Embassy or the nearest Consulate of the country in which the birth occurred. Addresses and telephone numbers for these offices are listed in the U.S. Department of State Publication 7846, “Foreign Consular Offices in the United States,” which is available in many local libraries. This publication may also be located at the following Internet address: → [state.gov/s/cpr/rls/fco/](http://state.gov/s/cpr/rls/fco/). Such proof-of-birth records must meet the criteria for acceptable proof listed above.

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## HOW TO OBTAIN A “STATEMENT IN LIEU OF ACCEPTABLE PROOF OF BIRTH”

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When an “Acceptable Proof of Birth” as described previously is not available, then the appropriate number of items in EACH of these FOUR groups are required so that the participant may obtain a “Statement in Lieu of Acceptable Proof of Birth,” which is required for such a participant to be eligible for regular season or tournament play:

**Group 1** Any one (1) of the following, provided the date of birth is listed: a naturalization document issued by the United States Department of Justice; photocopy of birth certificate; original birth certificate or government record of birth if not containing a filing, recording, registration, or issue date within one (1) year of the date of birth; passport; PLUS...

**Group 2** Any two (2) of the following, provided the date of birth is listed: Baptismal Certificate; Certificate of Blessing; Certificate of Dedication; Certificate of Circumcision; or any other religious-related certificate; Hospital Certificate; School Record (must be dated, and date of issue must be at least two years prior to current season); Social Security document; Welfare Department document; adoption record. Any item in this group must be an original document, not a copy; PLUS...

**Group 3** Any two (2) of the following: A written, signed and notarized statement from...

- ... the doctor who delivered the child;
- ... a hospital administrator where the child was delivered;
- ... the principal or headmaster of the school the child attends;
- ... a Social Worker with personal knowledge of the child’s date of birth;
- ... a Priest, Rabbi, Minister, Mullah, or other titled religious figure with personal knowledge of the child’s date of birth;
- ... the child’s pediatrician or family doctor.

**NOTE:** In each statement in Group 3, the writer must describe his/her responsibilities or his/her relationship to the child, and must attest to his/her personal knowledge that the child was born on the date claimed; PLUS...

**Group 4** A written, signed and notarized statement from one or both parents, or the legal guardian (as appointed by a court of jurisdiction), attesting to the date of birth claimed.

The league president will forward the above documentation to the District Administrator (or, if the team is traveling, the Tournament Director). If in the opinion of the District Administrator, such evidence is satisfactory, a "Statement In Lieu of Acceptable Proof of Birth" will be issued. This statement will be considered to be acceptable proof of age from that point forward, throughout the child's Little League experience, provided all the information submitted is accurate. (**NOTE:** If the District Administrator is unable to review the documents, they may be submitted to the appropriate Regional Headquarters.)

**NOTE:** Situations where players use the name of an adopting family or the name of the family with whom they live, but whose births are recorded under the surname of the natural father or mother, will be handled as follows: The president of the league will obtain from the parents or guardian a document that qualifies under Proof-of-Age Requirements, as well as a copy of the adoption papers (if the player has been legally adopted). If the player was not adopted, a notarized statement from the mother and/or father or legal guardian (as appointed by a court of jurisdiction), saying that the player living under one or the other of their surnames is the same player for whom the birth certificate was issued) is also required.

These documents will be submitted to the District Administrator. If the documents are found to be acceptable, a "Statement in Lieu of Acceptable Proof of Birth" will be issued and all original documents returned. The information submitted will be kept confidential.

# Deltona Little League

## Player Code of Conduct Agreement

I pledge to be responsible for my participation by following the Player Code of Conduct of Deltona Little League:

- I agree to practice good sportsmanship at all times, to win without boasting, lose without excuse and never quit
- I agree to attend and participate in all scheduled games and practices when reasonably possible.
- I will never throw a bat or equipment in anger and I agree to be aware of safety and will follow team and league rules to ensure safe play.
- I agree to my coach's authority and will participate and communicate positively with my coach and teammates.
- I agree to treat fellow players, opponents, fans and umpires with respect.
- I agree to exercise self-control at all times, refraining from foul language and setting a positive example for others to follow.

I agree to support and encourage my teammates, and to always try my best to try and keep a positive attitude.

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. Consequences may include removal from practice/game, suspension and/or removal from our league.

Players Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Code of Conduct Agreement

I hereby pledge to provide positive support, care and encouragement for all children participants, coaches, other parents and umpires in Deltona Little League:

- I (& my guests) agree to cheer, let the coaches coach, let the umpires ump and let the players play.
- I agree to respect the schedules of the coaches and teammates by having my ballplayer arrive on time for practices and games and will notify my coach if my ballplayer will arrive late or not able to attend.
- I (& my guests) agree to be a positive role model and will not engage in public displays of anger.
- I (& my guests) will promote good sportsmanship by respecting fans, coaches, participants and umpires. • I (& my guests) agree to respect coaching decisions regarding playing time, position and placement will refrain from coaching any player.
- I (& my guests) will not approach players or coaches before, during or immediately after games with anything other than support. All questions/concerns regarding players or coaches will be addressed the day after the game in an atmosphere conducive to problem solving.
- I agree to file, in writing to the League Board of Directors complaints regarding: violation of rules, questionable conduct such as abusive behavior by a player, coach or fan and irreconcilable personality conflicts.
- I will return all league items and equipment to my players coach in a timely manner.

**I understand that Little League is a volunteer organization and I agree to fulfill my mandatory concession duty as required. (1-2 hours)**

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. I also agree to the consequences determined by Deltona Little League I have also read and discussed with my ballplayer the Players Code of Conduct. Consequences may include removal from practice/game, suspension and/or removal from our league.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

initial



# 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 LEGAL GUARDIAN AUTHORIZATION:**

Email: \_\_\_\_\_

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)/legal guardian cannot be reached in case of emergency, contact:**

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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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.



## Little League Baseball, Incorporated Model Release

**This section to be completed by the parent or guardian of a minor, if minor is under the age of 18 years**

I \_\_\_\_\_  
(Full Name of Parent or Guardian)  
of \_\_\_\_\_  
(Address, City, State and Zip Code)  
the ☐ parent ☐ guardian of \_\_\_\_\_  
(Check One) (Name of Participant)

hereby consent, grant and give my permission to Little League Baseball, Incorporated, hereafter known as LLB and to any and all sponsors and/or licensees of LLB, to perpetually or otherwise use, exploit, adapt, modify, reproduce, distribute, publicly display and publicly perform, throughout the world in any and all forms whether now known or later developed, the image, name, voice, or likeness of the above listed minor in any and all commercial exploits, promotional materials and announcements, publications, media releases, or advertisements, electronic or otherwise ("Works") and waive all rights to the same. I agree that neither the above listed minor, nor I, will receive any compensation whatsoever for the granting of this release, if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I understand that such image, name, voice, likeness or resulting Work is solely the property of LLB in perpetuity. In addition, I understand that LLB may supply such image, name, voice, likeness or resulting Work to, or for the use and publication by, a third party commercial enterprise including use by a corporate sponsor or licensee of LLB in or for any commercial venture or advertisement, without my permission so long as such entity has a relationship with LLB.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**This section to be completed by an individual participant over the age of 18 years**

I \_\_\_\_\_  
(Full Name of Participant)  
of \_\_\_\_\_  
(Address, City, State and Zip Code)

hereby consent, grant and give permission to Little League Baseball, Incorporated, known hereafter as LLB and to any and all sponsors and/or licensees of LLB, to perpetually or otherwise use, exploit, adapt, modify, reproduce, distribute, publicly display and publicly perform, throughout the world in any and all forms whether now known or later developed, the image, name, voice, or likeness in any and all commercial exploits, promotional materials and announcements, publications, media releases, or advertisements, electronic or otherwise ("Works") and waive all rights to the same. I understand that I will not receive any compensation whatsoever for the granting of this release, if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I agree that such image, name, voice, likeness or resulting Work is solely the property of LLB in perpetuity. In addition, I understand that LLB may supply such image, name, voice, likeness or resulting Work to, or for the use and publication by, a third party commercial enterprise including use by a corporate sponsor or licensee of LLB in or for any commercial venture or advertisement, without my permission, so long as entity has a relationship with LLB.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)



# PLAYER UNIFORM ORDER SHEET - FALL

PLAYER NAME \_\_\_\_\_

Returning \_\_\_\_\_ New to Deltona Little League \_\_\_\_\_

3 number choices for back of shirt \_\_\_\_\_

**NOTE: The sizes listed below are the only ones available.**

## TBALL/ALL BASEBALL DIVISIONS

shirt sizes YS YM YL AS AM AL AXL A2XL

(circle choices)

Hat Youth Adult

(circle one)

## ALL SOFTBALL

shirt sizes YS YM YL AS AM AL AXL A2XL

(circle choices)

I acknowledge I have checked the sizes with the samples and these are the accurate sizes to order for my child.

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

### \*\*\*LEAGUE USE ONLY\*\*\*

DIVISION \_\_\_\_\_

TEAM \_\_\_\_\_

Jersey # \_\_\_\_\_

Ordered

Hat/Visor \_\_\_\_\_

Ordered

PANTS COLOR \_\_\_\_\_

Ordered

SOCKS/BELT COLOR \_\_\_\_\_

Ordered

# PLAYER UNIFORM ORDER SHEET - SPRING

PLAYER NAME \_\_\_\_\_

Returning \_\_\_\_\_ New to Deltona Little League \_\_\_\_\_

3 number choices for back of shirt \_\_\_\_\_

**NOTE: The sizes listed below are the only ones available.**

## TBALL/ALL BASEBALL DIVISIONS

shirt sizes YS YM YL AS AM AL AXL A2XL

(circle choices)

pants sizes YXS YS YM YL YXL AS AM AL AXL A2X

(circle choices)

**Hat** Youth Adult

(circle one)

## ALL SOFTBALL

shirt sizes YS YM YL AS AM AL AXL A2XL

(circle choices)

pants sizes YS YM YL AXS AS AM AL AXL A2XL

(circle choices)

I acknowledge I have checked the sizes with the samples and these are the accurate sizes to order for my child.

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

\*\*\*LEAGUE USE ONLY\*\*\*

DIVISION \_\_\_\_\_

TEAM \_\_\_\_\_

Jersey # \_\_\_\_\_

Ordered

Hat/Visor \_\_\_\_\_

Ordered

PANTS COLOR \_\_\_\_\_

SOCKS/BELT COLOR \_\_\_\_\_

Ordered

Ordered



# Little League® Baseball and Softball School Enrollment Form



To Be Filled Out By Parent/Legal Guardian

Date Requested: \_\_\_\_\_

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

League ID# \_\_\_\_\_

Player/Student Name: \_\_\_\_\_

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

**Division:**

(Check One)

☐ Baseball

☐ Softball

**Level:**

(Check One)

☐ Tee Ball

☐ Minors

☐ LL (Majors)

☐ Intermediate

☐ Junior

☐ Senior

☐ Big

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

(Name (Printed) of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

## To be filled out by School Administrator, Principal or Vice Principal

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print School Name)

\_\_\_\_\_. Hereby verify that \_\_\_\_\_  
(Physical Address) (Student Name Printed)

has enrolled and is attending above named school location for the \_\_\_\_\_ academic year prior to  
(Year)

October 1st, of the current year.

This student has been enrolled as of \_\_\_\_\_  
(Date)

(Signature)

(Date)

Title (School Administrator, Principal or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

The District and the Local League will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.



# Little League® Volunteer Application - 2019

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 \_\_\_\_\_

First

Middle Name or Initial

Last

Address \_\_\_\_\_

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

Social Security # (mandatory) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

1. Do you have children in the program? Yes ☐ No ☐

If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (list) Yes ☐ No ☐

3. Do you have a valid driver's license? Yes ☐ No ☐

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

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

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

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐

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

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐

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

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. 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.)

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Umpire            | <input type="checkbox"/> Manager     | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> Other _____      |

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

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

\_\_\_\_\_

\_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStateLaws](http://LittleLeague.org/BgStateLaws)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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 \_\_\_\_\_

If Minor/Parent 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 completed by league officer \_\_\_\_\_  
on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
**Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records**

\* JDP ☐ Sex Offender Registry Data and National Criminal  
Records check, as mandated in the current season's  
official regulations

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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

# REGISTRATION CHECKLIST

## TO BE FILLED OUT BY PARENT

PLEASE CHECK: BASEBALL \_\_\_\_ SOFTBALL \_\_\_\_

NEW \_\_\_\_ RETURNING \_\_\_\_ BOY \_\_\_\_ GIRL \_\_\_\_ PLAYED BEFORE? YES \_\_\_\_ NO \_\_\_\_

TB (AGE 4-6) \_\_\_\_ CP (AGE 6-9) \_\_\_\_ MIN (AGE 7-11) \_\_\_\_ MAJ (AGE 9-12) \_\_\_\_ SENIOR (AGE 13-16) \_\_\_\_

(NEW PLAYER) TEAM/COACH PREFERENCE \_\_\_\_\_

REASON: \_\_\_\_\_ (NEED RIDE WITH ANOTHER PLAYER, ETC.)

(RETURNING PLAYER) STAY WITH CURRENT COACH \_\_\_\_ YES \_\_\_\_ NO

IF YES, COACH NAME \_\_\_\_\_

(NEW OR RETURNING PLAYER) PUT IN DRAFT \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_

SIBLINGS ALSO REGISTERING \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE # FOR ALL CALL/TEXT: \_\_\_\_\_ TEXT? \_\_\_\_ YES \_\_\_\_ NO

WANT TO VOLUNTEER? YES \_\_\_\_ NO \_\_\_\_

IF YES, PLEASE FILL OUT VOLUNTEER FORM AND COPY OF DL IS NEEDED.

**(MAKE SURE SS# & BIRTHDATE ARE ON FORM)**

WOULD YOU LIKE TO BE A SPONSOR? YES \_\_\_\_ NO \_\_\_\_ (IF YES, ASK FOR SPONSOR FORM)

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## TO BE FILLED OUT BY BOARD MEMBER

BIRTHDATE \_\_\_\_\_ LEAGUE AGE \_\_\_\_\_

REGISTRATION FORM \_\_\_\_\_

MEDICAL RELEASE FORM \_\_\_\_\_ MODEL RELEASE FORM \_\_\_\_\_

BIRTH CERTIFICATE: YES \_\_\_\_ NO \_\_\_\_

RESIDENCY PROOFS: 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ (OR) SCHOOL FORM \_\_\_\_

PARENT & PLAYER CONDUCT FORMS SIGNED \_\_\_\_\_ COPY GIVEN \_\_\_\_\_

UNIFORM ORDER FORM \_\_\_\_\_

RECEIPT# \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ BOARD INITIALS \_\_\_\_\_

ENTERED ON ALL CALL/TEXT \_\_\_\_ ENTERED ON MASTER \_\_\_\_