

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)

TO BE FILLED OUT BY BOARD MEMBER

BIRTHDATE _____ LEAGUE AGE _____

REGISTRATION FORM _____

MEDICAL RELEASE FORM _____ MODEL RELEASE FORM _____

BIRTH CERTIFICATE: YES ____ NO ____

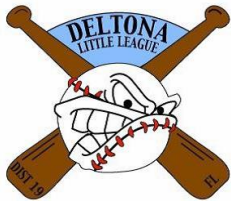
RESIDENCY PROOFS: 1. ____ 2. ____ 3. ____ (OR) SCHOOL FORM ____

PARENT & PLAYER CONDUCT FORMS SIGNED ____ COPY GIVEN ____

UNIFORM ORDER FORM _____

RECEIPT# _____ AMOUNT PAID _____ BOARD INITIALS _____

ENTERED ON ALL CALL/TEXT ____ ENTERED ON MASTER ____



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) 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. 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.

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

- 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, 2019 (previous year) and February 1, 2020 (current year), from one or more documents from each of the three Groups outlined below:
-

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	

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.

NOTE: If you are new to the area and do not have the required 3 proofs of residency, you may use the School Enrollment Form in lieu of the 3 proofs.

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 # _____

Hat/Visor _____

Ordered

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 - 2020

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. **THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.** Visit LittleLeague.org/localBGcheck for more information.

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.)? Yes ☐ No ☐ If yes, list: _____

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

Driver's License#: _____ State _____

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

If yes, describe each in full: _____

(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

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.)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ 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

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 1(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.