

**TRI-VALLEY LITTLE LEAGUE
SPORTS REGISTRATION FORM**

New Player

Name: (print) _____ Gender: Boy Girl

Date of Birth: _____ Boys age as of 5/1/17 _____ Girls age as of 1/1/17 _____

Parents/Guardians Full Name: (print) _____

Physical Address: _____

Mailing Address: (if different from above) _____

Home Phone: _____ Emergency Phone: _____ Contact Name: _____

E-mail Address: _____ Cell Phone: _____

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above.

In addition to giving my full consent for my child's participation, I do hereby waive and hold harmless the organization name above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

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

I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING:

Coach Assistant Coach Scorekeeper Umpire

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Did your child play last year? Yes No Date: _____

Team: _____

Please remember to fill out Medical Release Form also.

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For Office use only:

Total Amount Paid \$ _____ Cash Check # _____

Division: _____ Team: _____



Little League. Baseball and Softball MEDICAL RELEASE FORM



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/Guardian Name: _____ Relationship: _____

Parent/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.: Keystone Risk Managers, LLC Policy No.: **011225814** League/Group ID#: **2321926**

If parent/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. Diabetes, 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: _____

.....
League Use Only:

League Name: Tri-Valley Little League League ID#: 2321926 Date: _____

Division: _____ Team: _____

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 and Softball School Enrollment Form



To be filled out by **Parent/Guardian**

Date Requested: _____

League Name: **Tri-Valley School District**

League ID#:

2321926

Player/Student Name: _____ Date of Birth: _____

Division: Baseball

Level: Tee Ball

LL (Majors)

Junior

(Check One) Softball

(Check One) Minors

Intermediate

Senior

Big

Parent/Guardian Address: _____ City _____ Zip _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

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

I, _____ of **Tri-Valley Central** School, located at
34 Moore Hill Rd Grahamsville NY . Hereby verify that _____

has enrolled and is attending above named school location for the **2016-17** academic year prior to
October 1st, of the current year.

This student has been enrolled as of _____.

Signature: _____ Date: _____ Title: _____

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 - 2017

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 _____

Social Security # (mandatory with First Advantage) _____

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): _____

Do you have children in the program? Yes No If yes, list full name and what level? _____ Special _____

Certification (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) involving or against a minor?: Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? 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

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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 First Advantage or another provider that is comparable

*First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.