

INTERNAL USE ONLY

Birth certificate:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Proof of residency:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Waiver needed: <input type="checkbox"/> yes <input type="checkbox"/> no
Medical release:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Fees paid:	<input type="checkbox"/> yes <input type="checkbox"/> no
Code of Conduct:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Checked by:	_____

PLAYER REGISTRATION

SEASON: FALL BALL 18

Fees per player:

6/1 – 6/30/18 - \$60

7/1 – 7/31/18 - \$75

Late registration (after 8/1/18) - \$85

Sibling discount - \$10 per sibling

Player info: returning player new to RLL

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, 2018)	
street address (no p.o. boxes!)		
city	state	zip code
school name		grade
shirt size: major 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 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		
occupation		

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		

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/Caps only)

buddies
coach/manager
comments

- 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 RLL. I understand that I will not receive remuneration or any other consideration for RLL's use of said images. I agree to indemnify and hold harmless RLL, including current and past League Officers, Volunteers, Agents or Contractors for any such use by RLL or any other party.
- I assume any and all risk for my vehicle(s) when parking at or near RLL's property. I agree to hold RLL 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 playing 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 Rolando 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 wellbeing 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.

Parent/Guardian Signature