



SIERRA COUNTY LITTLE LEAGUE BASEBALL



Thank you for registering your child to participate in Little League Baseball. We hope to have a positive atmosphere for children to learn and enjoy the game of baseball.

THE LITTLE LEAGUE PARENT/VOLUNTEER PLEDGE

I will teach all children to play fair and do their best.

I will positively support all managers, coaches and players.

I will respect the decision of umpires.

I will praise a good effort despite the outcome of the game.

THE LITTLE LEAGUE PLEDGE

I trust in God.

I love my country and will respect its laws.

I will play fair and strive to win but win or lose;

I will always do my best.

As a parent of a player in Sierra County Little League, I will follow the Parent/Volunteer Pledge and encourage my child to follow the Little League Pledge. Sierra County Little League has a zero tolerance policy for elicited behavior or language against the players, umpires, managers or coaches. Any violation to this code of conduct is subject to removal from the fields of Sierra County Little League for the remainder of the season. As a parent of a player in the League, I will share this code of conduct with all family members and friends which will be held to the same standard.

NO REFUNDS

Parent Name (Printed): _____

Signature: _____



Little League® Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____
 Address: _____ Gender: Male Female
 Address 2 (if applicable): _____ League Age: _____ League Fee: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 My child will tryout for: Baseball Softball

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"

Medical Information

Emergency contact: _____ Insurance carrier: _____
 Relationship to player: _____ Phone: _____
 Phone: _____ Policy: _____

Terms and Conditions

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

Internal Use Only:

Birth Certificate: Yes No Waiver Needed? Yes No
 Medical Release Form Yes No Level Assigned: _____
 Proof of Residency at Yes No Team Name: _____
 School Enrollment



LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal 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

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/Legal 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.

Player's Name: _____

Please mark the desired division for your child

_____ **Major Division** (9-12): TRYOUTS REQUIRED for new players to this division. New 11-12 year old players are required to tryout, but will be assigned to a major division team. If a player is 9 or 10 and not selected to a major team they will be assigned to a minor division team

_____ **Minor Division** (8-10): age 7 or less, allowed with 1 year T-ball experience

_____ **T-ball Division** (4-7)

Please mark your child's **SHIRT** size

Youth x-small _____ Youth small _____ Youth medium _____ Youth large _____

Youth x-large _____ Adult small _____ Adult medium _____ Adult large _____

Please mark your child's **PANT** size

Youth x-small _____ Youth small _____ Youth medium _____ Youth large _____

Youth x-large _____ Adult small _____ Adult medium _____ Adult large _____

If you would like to request a certain team or siblings on the same team for the T-ball and Minor Divisions, please list below. We will do our best to accommodate your request, but there is no guarantee. Major Division teams are selected by a draft ONLY.
