

**Little League Baseball Incorporated – California District 44  
APPLICATION TO PLAY LITTLE LEAGUE BASEBALL  
2012 Season**



1. Player's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Nickname (Area Code) Number
2. Address: \_\_\_\_\_  
Street Address City State Zip Code
3. Player's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Month/Day/Year M/F
4. Did Player participate last year? Yes  No  Has information changed from last year? Yes  No   
 League Name: \_\_\_\_\_ Team: \_\_\_\_\_ Division: \_\_\_\_\_
5. Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code) Number
6. Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code) Number
7. Player Lives With: Father  Mother  Both Parents
8. I give my permission to use my child's name and photo for publicity purposes, both print (newspapers) or electronic (web publishers) Yes / No : \_\_\_\_\_
9. Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
10. Player Uniform size: Pant size: YXS YS YM YL YxLg AS AM ALg AxLg  
 Shirt size YS YM YL YxLg AS AM ALg AxLg

Little League Baseball does not limit participation in its activities on the basis of disability or gender or financial reasons.

**Parents please read carefully and answer the following questions Yes or No**

I understand that Little League Baseball carries a secondary policy that will only be used when the limits of my primary insurance policy have been exhausted: \_\_\_\_\_.

I will be responsible for reporting ALL of the above player's Little League related injuries to the Serra Little League Safety Office in writing within 48 hours of the injury: \_\_\_\_\_.

I understand the local league is franchised by Little League Baseball Incorporated who is the governing body for this program. By approving their franchise Little League Baseball Incorporated has set the guidelines by which this league must operate. Should I have any grievance with the local league, I will state my grievance in writing and present it to the league president for evaluation. If I am not satisfied with the evaluation, I will agree to present the same written document to the District Administrator who will contact Little League Headquarters if necessary for final clarification: \_\_\_\_\_.

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

I, the parent of the above named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I 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 child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. \_\_\_\_\_

Help ensure all kids can play in Serra Little League, regardless of their family finances. Please consider making a donation of \$20, or more, to go toward the league's scholarship fund. Indicate donation here \$ \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

Residency Document: Driver's License | PG&E Bill | Other: \_\_\_\_\_ ( ) Out of Boundary - Waiver Required  
 ( ) Waiver Complete

Returning Player: Yes / No If No, birth certificate is required. Birth Certificate verified: Yes / No

League Age: \_\_\_\_\_ Other document: \_\_\_\_\_

Requested Division: T-Ball (5-6) Pioneer (7-8) Farm (8-9) Majors/Minors (Tryouts) (9-12) Returning Major Juniors (13-14) Seniors (15-16)

I have examined this application, supporting proof of age document, and supporting proof of residency document and find them to be in accordance with Little League Rules and Regulations.

( ) Application Complete

\_\_\_\_\_  
 Authorizing Signature

\_\_\_\_\_  
 Date

PLEASE CONTINUE TO NEXT PAGE TO FILL OUT MEDICAL RELEASE INFORMATION



# 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 eligibility 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: Lexington Insurance Co Policy No.: 794072 League/Group ID#: 405441

### 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: Serra Little League League ID: 405-44-18

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 Volunteer Application - 2012

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 \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

Social Security #(mandatory upon request or with LexisNexis) \_\_\_\_\_

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): 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, 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):

Sex Offender Registry  Criminal History Records  \*LexisNexis

*\*Please be advised that if you use LexisNexis 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.**