

Otisville Little League Player Application

Players Name: _____

DOB _____ Baseball: _____ Softball: _____
(age as of April 30, 2012) (age as of Dec 31, 2011)

Street Address: _____

Mailing Address: _____

Home Phone() _____ School: _____

Player lives with: (please circle) Mother Father Both Other _____

Parent One _____ Parent Two _____

Name: _____ Name: _____

Address: _____ Name: _____

Phone: _____ Phone: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Does your child have any health conditions or special needs the league should be aware of I.e. heart, hearing ect? _____

At this time do you know of or believe that your child could be participating in any other activity that would effect his/her participation during little league season? Please circle: Yes or No If yes, which activity? _____

Parent Signature _____ Date: _____

LEAGUE USE ONLY

Date: _____ Time: _____ Information Sheet Handout _____ Birth Certificate _____

Fee: _____ Cash: _____ Check # _____ Receipt # _____

Volunteer Application: _____ Drivers Licenses: _____ Siblings _____

FEES: 1 Player \$85.00	(225.00)	Collect: _____	fee
2 Players \$125.00	(265.00)	+100.00	RPD (Refundable Participation Deposit)
3 Players \$165.00	(305.00)	+ 40.00	Fundraiser
4 Players \$205.00	(345.00)		TOTAL

League age 8 (boy) trying out Yes No **League age 10 (boy) trying out** Yes No

COMMENTS: _____

Otisville Little League Player Application Cont.

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 Inc, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or any other cause.
3. I/We understand that our child is required to participate in at least 50% of team practices in order to qualify for a team roster.
4. I/We understand that based upon the number of participants registered in a division, it may be necessary to either combine or participate with other Little Leagues and that traveling to regular season games may be required.
5. I/We understand that our child 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.
6. I/We agree to provide proof of legal residence (as defined by the Little League Baseball Inc) and age understanding that our child must be eligible under the residence and age regulations of the Little League Baseball Inc, in order to participate in this Local League, and that if any controversy arises regarding residence and/or age the decision of the Charter Committee in Williamsport 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 Inc) and/or age such participant and/or team on which he/she participates may be found ineligible and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of said player to my local league officials.

Sport Parent Code of Conduct

We the Otisville 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 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:

1)Trustworthiness, 2)Respect, 3)Responsibility,4)Fairness, 5)Caring, and 6)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 non-sportsmanlike 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 a behaviors or practices that would endanger the health and well being 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 treats 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, 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 completion in the lower age-group
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 the coach 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 the official coaches of the team.

RPD (REFUNDABLE PARTICIPATE DEPOSIT) DUTIES

- MANAGER or COACH (please choose two other duties)**
- CONCESSION STAND DUTY**
- 2ND CONCESSION STAND DUTY**
- UNIFORM HELP**
- FIELD HELP (WEEKENDS) OPENING or CLOSING**
- PANCAKE BREAKFAST**
- PICTURES**
- OTISVILLE COUNTRY FAIR CONCESSION STAND**
- ALL-STAR CONCESSION STAND DUTY**
- PICNIC HELP**

Signature _____

Division _____

Uniforms

Players Name _____ Phone # _____

SHIRT SIZE: (ALL PLAYERS CIRCLE ONE)

- | | | |
|--------------|----------------|-----------------|
| Youth Small | Adult Medium | Adult XXX Large |
| Youth Medium | Adult Large | |
| Youth Large | Adult X Large | |
| Adult Small | Adult XX Large | |

PANTS: (Major Boys, Junior Boys, Senior Boys & Big League Boys)

- | | | |
|---------------|---------------|-----------------|
| Youth Small | Adult Small | Adult XX Large |
| Youth Medium | Adult Medium | Adult XXX Large |
| Youth Large | Adult Large | |
| Youth X Large | Adult X Large | |

SHORTS:(Major Girls, Junior Girls, Senior Girls, & Big League Girls)

- | | |
|---------------|-----------------|
| Adult X Small | Adult X Large |
| Adult Small | Adult XX Large |
| Adult Medium | Adult XXX Large |
| Adult Large | |

I HAVE CHECKED THE SIZE FOR MY CHILD AND THEY ARE CORRECT

PARENTS SIGNATURE _____ DATE _____



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

Little League Volunteer Application - 2012

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 Circle Shirt size

Small Medium Large

XLarge XXLarge XXXLarge

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.