



Lower Cape May Little League

www.LCMLL.com



2012 Spring Registration Form

Player Information:

Player Name: (Last) _____ (First) _____ Gender: _____
 Player Address: (Street) _____ (City) _____
 Home Phone: _____ Birth Date: _____
 E-Mail: _____ @ _____ Shirt Size (circle) YS, YM, YL, S, M, L, XL
 League Age: _____ (Age on April 30, 2011- t-ball, coach pitch baseball; or Jan. 1, 2012 - Softball)
 Did your child play Little League last year? Y / N If "Yes", for which team or coach? _____

Parent/Guardian (Primary):

Name: (Last) _____ (First) _____ Home Phone: _____
 Cell Phone: _____ Email: _____ @ _____

Parent/Guardian (Secondary): [Optional]

Name: (Last) _____ (First) _____ Home Phone: _____
 Cell Phone: _____ Email: _____ @ _____

Medical Information:

Emergency Contact (Name) _____ Home Phone: _____
 Cell Phone: _____ Relation to Player: Parent Legal Guardian Other _____
 Insurance carrier: _____ Policy Number: _____

Division Request:

Division Request:	League Age	Registration Fee
<input type="checkbox"/> Instructional (boy & girls)	4	\$45
<input type="checkbox"/> Tee Ball (boys & girls)	5-6	\$45
<input type="checkbox"/> Coach Pitch Baseball	7-8	\$45
<input type="checkbox"/> Coach Pitch Softball	7-8	\$45
<input type="checkbox"/> Minor League (boys)	9-10	\$55
<input type="checkbox"/> Major League (boys)	11-12	\$55
<input type="checkbox"/> Major League Softball	9-12	\$55
<input type="checkbox"/> Junior League Baseball	13-16	\$75
<input type="checkbox"/> Junior League Softball	13-16	\$75

LEAGUE USE ONLY

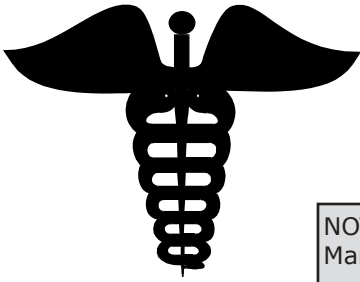
Paid Check # _____ Amt. _____
 Processed By: _____
 Date: _____ Family Discount: Y / N
 ___ Birth Cert. ___ Proof of Residency

Family Max = \$125

I would like to sponsor a team or banner I would like to volunteer as a coach, team parent or umpire

- 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 Lower Cape May Little League, 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 results of negligence or for any other cause
- I/We agree that our child (candidate) may be required to try out for a team. If our child candidate does not attend at least the tryouts, Division or team placement may be determined by the LCMLL Board of Directors.
- I/We agree to return, upon request, the uniform & other equipment issued to my/our child in as good conditions as when received except from normal wear and tear.
- I/We will furnish a certified birth certificate of the above-named candidate to Lower Cape May Little League upon request.
- I/We verify that I/We have read and are hereby bound, to the terms and conditions written within the document entitled, "Sport Parent Code of Conduct", found upon the LCMLL website within the handouts section and included in the Registration Packet.

Signature: _____ Date: _____



Little League[®] Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

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: _____

Hospital Preference: _____

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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.

Sport Parent Code of Conduct

We, the _____ 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 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 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.

Parent/Guardian Signature



Little League® Volunteer Application

**A COPY OF VALID GOVERNMENT ISSUED PHOTOIDENTIFICATION
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address (optional) _____

Date of Birth _____

Occupation _____ Social Security # _____

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, at what level? _____

Special Certification (i.e. 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 a background check on me, 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 _____

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 complete by league officer _____

on _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant.