



2017 WLL Registration Instructions **PLEASE READ FIRST!**

Welcome to Warren Little League!

Please follow these directions carefully to get the 4 forms needed to register your player(s) for T Ball, C Ball, Minors, Majors, Junior or Senior divisions.

Your player's "league age" is defined based on the official age chart issued by Little League International

Your child will not be asked to sell anything for fund raising. However, we will be asking for players and parents willing to volunteer time to represent our league during our annual Tag Days in May. This is the league's largest source of income other than player registrations and sponsor fees.

2017 Registration Fees*: \$75 per player for T- Ball (ages 5-6) & C-Ball (ages 7-8) : \$100 per player for Minors (ages 8-11) & Majors (11-12) Juniors (13-14) Seniors (15-16) ** **Family Maximum: \$150 (for 2 or more players)**

*All above registration fees include the approved \$25 NO FUNDRAISING fee.

** **Please note: Jr. & Sr. level fees may increase if low enrollment necessitates play in an out-of-town league.**

Instructions for Registration: In the right column of our home web page under **"Available for Downloads"** you can click & open the **REGISTRATION PACKET 2017** link. (These are .pdf files and your computer should already have Adobe Acrobat Reader software. If not, download it free at: <http://get.adobe.com/reader/>)

STEP 1: Double-click on Registration Packet - Player Registration forms will open up full screen.

STEP 2: PRINT the forms.

STEP 3: BRING ALL FILLED OUT, & SIGNED FORMS with your CHECK/CASH FOR FULL REGISTRATION FEES WITH YOU TO REGISTRATION. Please make checks payable to: WARREN LITTLE LEAGUE.

You can also mail your registration to: Warren Little League, PO Box 661, Warren, RI 02885. ***Deadline February 28th!***

DO NOT DELAY SIGNING UP – We need player counts ASAP to draft teams, order uniforms, assign coaches, etc.

IMPORTANT: Every individual player needs **Forms 1 & 2** (Reg. Form & Medical Form) filled out, but only **1 copy** of **Form 3** (Parent Conduct Form) is needed per family and **must be signed**; and only **1 copy** of **Form 4** (Volunteer Form) is needed only if you plan to volunteer in any capacity. **We are in need of volunteers for Coaching, Assistant Coaching, Team Parents and league volunteers!**

*******BIRTH CERTIFICATES: FOR 2017, ALL NEW PLAYERS MUST PROVIDE A PHOTOCOPY OF THEIR BIRTH CERTIFICATE WITH THEIR REGISTRATION FORMS and PAYMENT.**

*****DEADLINE FOR REGISTRATION IS FEBRUARY 28th, 2017*****

ANY PLAYER THAT DOES NOT PROVIDE ALL NECESSARY COMPLETED FORMS WITH FULL PAYMENT CANNOT BE ASSIGNED TO A TEAM. NO EXCEPTIONS.

TEAMS FILL UP FAST, SO DON'T DELAY REGISTERING!

Thank you for your cooperation and please make the process fast for everyone by printing and filling out registration forms in advance of arrival, saving you time with the registration process. Any players required to engage in TRY-OUTS will be notified in advance of date and time.

THANK YOU and HAVE A GREAT SEASON!



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

- (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, 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.
- (3) 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.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned:	_____
Proof of Residency <u>or</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name:	_____
School Enrollment			



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 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/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

Sport Parent Code of Conduct

We, the WARREN 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 - 2017

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 _____

Social Security # (mandatory with First Advantage) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

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) involving or against a minor?: Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? 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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 (some of which contain name only searches which may result in a report being generated that may or may not be me), 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):
Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records

**Please be advised that if you use First Advantage 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.