



MORGAN COUNTY, WV
LITTLE LEAGUE
PLAYER REGISTRATION PACKET

***BASEBALL & SOFTBALL AGES 4-16YR**

***REVIEW CHECKLIST PRIOR TO TURNING IN YOUR PLAYER'S PACKET**

***ALL FORMS MUST BE; FILLED OUT, SIGNED AND DATED TO BE ACCEPTED**

***MCLL BASEBALL & SOFTBALL PLAYER REGISTRATION CHECKLIST!
ALL IS REQUIRED FOR A COMPLETE AND ACCEPTED REGISTRATION!***

1. Three proofs of address, No PO Boxes! (Example/copies of; Veh reg, Drivers lic. One current bill, Voters card.)
2. Copy of Players Birth Certificate
(Can't find it? Order one ASAP at, <https://www.vitalchek.com/birth-certificates>)
3. Signed School Form
(You can put in your players backpack/folder system for teacher, AND if homeschooled you only need three proofs of address)
4. Forms required to be completed and signed where necessary and dated
 - Player registration
 - Medical release
 - Volunteer background check
 - MCLL volunteer
5. Player Fee is \$75
Pay by check, made out to MCLL or cash
(Discounts avl. for multiple player household, this fee helps provide each player with team shirt, socks and hat)
6. Reminder: All parents/guardians that sign their player's up, are required by our league to volunteer at least two times in concession stands.
7. Finally, stay informed with upcoming events, weather updates, dates, assessments on all our socials.

www.facebook.com/WVMCLL

#MCLLWV or @MCLLWV

<https://tshq.bluesombrero.com/MCLLWV>

(All Dates are subject to change at any time)

Morgan County 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

<p>Parent/Guardian #1</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, fill out "Volunteer Application"</p>	<p>Parent/Guardian #2</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, fill out "Volunteer Application"</p>
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Medical Information

<p>Emergency contact: _____</p> <p>Relationship to player: _____</p> <p>Phone: _____</p>	<p>Insurance carrier: _____</p> <p>Phone: _____</p> <p>Policy: _____</p>
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Terms and Conditions

- (1) I/We, the parent/guardian 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 condition 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 he 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/privacy-policy. You may opt-out of communications from Little League International at any time.

Signature: _____ Date: _____

Internal Use Only:		Waiver Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned: _____
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name: _____
Proof of Residency or	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Enrollment		

**REMINDER: ALL Parents and Guardians that sign their players up are required by our league to volunteer at least 2 times in the concession stand!



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.

*** DON'T FORGET TO SIGN**



MORGAN COUNTY, WV
Little League® Baseball and Softball
School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: MORGAN CO, WV

League ID#: 3480602

Player/Student Name: _____

Date of Birth: _____

Division: (Check One)	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	Level: (Check One)	<input type="checkbox"/> Tee Ball <input type="checkbox"/> Minors	<input type="checkbox"/> LL (Majors) <input type="checkbox"/> Intermediate	<input type="checkbox"/> Junior <input type="checkbox"/> Senior
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Parent/Guardian Address: _____
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian) (Signature of Parent/Legal Guardian) (Date)

To be filled out by School Administrator, Principal, or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Print School Name)

_____; _____, hereby verify that
(Physical Address) (School Phone Number)

_____ has enrolled and is attending the above named school for the _____
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of _____
(Date)



(Signature) (Date) Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.



MORGAN COUNTY WV

LITTLE LEAGUE
VOLUNTEERZ

Want to become a volunteer with MCLL and make a difference in your community? Make sure you fill out the volunteer background check application and attach it to this form!

As a nonprofit organization, we run on amazing support from all our volunteers. You're what helps keep us going to inspire and encourage all our talented players. Volunteers support MCLL to be more organized towards raising money in concessions, applying fundraisers for supplies, equipment, gear and even being able to host family events such as closing ceremonies and tournaments.

So we invite you to follow us on Facebook- www.facebook.com/WVMCLL and on our website- <https://tshq.bluesombrero.com/mcllwv> so you can always stay in touch with upcoming events, fundraisers, photos, updates and more!

- Parent Name (Print) _____
- Player's Name (Print) _____
- Best way to contact you (Circle and establish info) Email / Text / Call

- Would like to volunteer for: (Circle as many as desired)
 - Concession Helper
 - Field Maintenance Helper
 - Umpire
 - Coach
 - Manager
 - Other _____



****REMINDER: DON'T FORGET TO ESTABLISH EMAIL, SS#, DOB AND SIGN!!****



Little League® Volunteer Application – 2024



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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

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): _____

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No

If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper 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: LittleLeague.org/BgStateLaws

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):

Review the Little League Regulation 1(c)9 for all background check requirements

- JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*
OR
 National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List
 National Sex Offender Registry

*Please be advised that if you use JDP 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 or email directly from JDP 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.

- Proof of completion of Abuse Awareness Training for Adults provided to league



Morgan Co. Wv Little League Media Release

I _____,
(Print, Parent/Guardian of Player)

of _____,
(Address)

I Hereby give permission to Morgan Co. Wv Little League to use photographs and video taken of my child during the practices, games and events associated with Morgan Co. Wv Little League in any manner to help promote the league activities. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I understand that I will not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Morgan Co. Wv Little League.

(Signature, of Parent/Guardian of Player) _____ (Date)

(Print Player(s) Name)