



**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/MCLLWV](http://www.facebook.com/MCLLWV)  
#MCLLWV or @MCLLWV  
Website; <https://tshq.bluesombrero.com/MCLLWV>  
(All Dates are subject to change at any time)

**\* DON'T FORGET TO SIGN**



MORGAN COUNTY, WV Little League® Player Registration Form

**Player Information (CIRCLE INTERESTED IN:) BASEBALL OR SOFTBALL**

Player Name: \_\_\_\_\_ Birthdate (mm/xx/yyyy): \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender: Male  Female   
 Address 2 (if applicable): \_\_\_\_\_ League Age: \_\_\_\_\_ League Fee: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE PLACE MY PLAYER ON POOL PLAYER LIST: (CIRCLE) YES OR NO (ASK PLAYER AGENT FOR DEFINITION)

**Parent/Guardian Information**

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

Emergency contact: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_  
 Relationship to player: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Policy: \_\_\_\_\_

**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, discharge, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, participants, and persons transporting my/our child to and from activities from any claim arising out of my injury to my/our child whether the result of negligence or for any other cause.
- (3) If applicable, I/We agree to obtain upon request the uniforms 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 attendance (as defined by Little League Baseball, Incorporated or Little League Softball, Incorporated) 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 the local league, and that if my candidate's name regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Westminster, Pennsylvania shall be final and binding. I/We further understand that if my participation 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 further, and 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 occur at least 30 percent of the season, 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 each above-named candidate is used by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.littleleague.com/privacy.html](http://www.littleleague.com/privacy.html). You may opt-out of communication from Little League International at any time.

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**REMINDER: ALL Parents and guardians that sign their player's up are required by our league to volunteer at least two times in the concession stand!**

**\* 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: \_\_\_\_\_

<b>Division:</b> (Check One)	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	<b>Level:</b> (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 VOLUNTEER

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/mcllvw](http://www.facebook.com/mcllvw) and on our website <https://tshq.bluesombrero.com/mcllvw> 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



**\* REMINDER: DON'T FORGET TO ESTABLISH, EMAIL, SS#, DOB, LIC# 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](http://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/ByStateLaws](http://LittleLeague.org/ByStateLaws)

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) \* \_\_\_\_\_
- 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 or may not be the league volunteer.

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



## 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)