



Zia Little League Player Registration Form

Player name		School Name		
Address			Birthdate	
Address 2			Gender	
City/State/Zip				
Home phone				
Cell Phone			My child will tryout for:	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball
Email				

Parent #1

Parent #2

Name		Name	
Phone		Phone	
Email		Email	
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Medical Information

League Use Only

Emergency contact		Phone	
Relationship to player			
Insurance carrier			

Birth Certificate	Proof of Residency
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Release Form	Waiver needed?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Assigned	Team Name

- 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 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.
- 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.
- 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.
- I/We understand that our child (candidate) may be chosen at anytime 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.

- I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, 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, 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 Charter Committee or Tournament Committee.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____

Date _____

League Use Only

Registration Fee		League Age		Baseball/Softball	
Fundraiser Buyout		Receipt #		Division	
# Boxes Candy		Receipt #		Team	

Zia Little League
2020 Schedule of Events

Date	Event	Location	Time
Jan 18 (Sat)	Registration	Manzano Mesa CC	10 AM - 01 PM
Jan 25 (Sat)	Registration	Manzano Mesa CC	10 AM - 01 PM
Jan 29 (Wed)	Registration	Manzano Mesa CC	06 PM - 08 PM
Feb 01 (Sat)	Registration	Manzano Mesa CC	10 AM - 01 PM
Feb 08 (Sat)	Registration	Manzano Mesa CC	10 AM - 01 PM
Feb 13 (Thu)	Registration	Manzano Mesa CC	06 PM - 08 PM
Feb 18 (Tue)	Coaches Meeting	Manzano Mesa CC	06 PM - 08 PM
Feb 22 (Sat)	Tryouts-Baseball-Major Tryouts-Baseball-Minor Tryouts-Softball	Zia LL Zia LL Zia LL	10 AM - 12 PM 01 PM - 02 PM 03 PM - 05 PM
Feb 26 (Wed)	Tryouts-Baseball,Softball	Zia LL	06 PM - 08 PM
Feb 29 (Sat)	Parents Meeting, Candy Money Collection	Manzano HS-PAC	10 AM - 12 PM
Mar 02 (Mon)	Practice Begins		
Mar 07 (Sat)	Field Cleanup (no practices at Zia LL)	Zia LL	10 AM - 02 PM
Mar 14 (Sat)	Umpire Clinic	Zia LL	02 PM - 03 PM
Mar 15 (Sun)	Coaches Clinic	Manzano HS-BB Field	01 PM - 03 PM
Mar 28 (Sat)	Uniform Handout (to Team Managers)	Zia LL	01 PM - 03 PM
Apr 04 (Sat)	Open Day	Zia LL	11 AM - 01 PM
Apr 04 (Sat)	Games Begin	Zia LL	01 PM
Apr 10-11	Easter Weekend (No Games)		
Apr 18 (Sat)	Team Photos	Zia LL	08 AM - 12 PM
Apr 18 (Sat)	Hit-a-Thon Fundraiser	Zia LL	09 AM - 01 PM
May 02 (Sat)	Isotopes Little League Night	Isotopes Park	06 PM
May 02 (Sat)	All-Star Coach Letter of Interest Due		
May 16 (Sat)	All-Star Coaches Announced (Rookies)		
May 17 (Sun)	All-Star Rookie BB Tryouts	Zia LL	01 PM - 03 PM
May 21 (Thu)	End of Season (Teeball, Rookie)		
May 22-25	Memorial Day Weekend (No Games)		
May 30 (Sat)	All-Star Coaches Announced		
Jun 06 (Sat)	End of Season		
Jun 08 (Mon)	All-Star Team Rosters Announced		



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
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Name	Phone	Relationship to Player
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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: _____

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.



Parent Code of Conduct



We, the Zia 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 quality of improper conduct at any game or practice will be asked to leave the sport facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of 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 participant 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

Date

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.



Little League® Volunteer Application - 2020

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 meet 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.

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.)? Yes ☐ No ☐ If yes, list: _____

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 the Little League International Security Manager.)

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? Yes ☐ No ☐

If yes, explain: _____

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):

Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐ Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's
official regulations

*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.



Zia Little League Volunteer Code of Conduct



The board of directors of Zia Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct.

ZIA Little League Code of Conduct

No board member, manager, coach, player or spectator shall, at any time:

- ◆ Lay a hand upon, push, shove, strike, or threaten to strike an official.
- ◆ Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- ◆ Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.
- ◆ Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ◆ Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- ◆ Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- ◆ Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- ◆ Appear on the field of play, stands, or anywhere on the Zia LL complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- ◆ Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas, Outside the Zia Park Area.
- ◆ Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- ◆ As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- ◆ Speak disrespectfully to any manager, coach, official or representative of the league.
- ◆ Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- ◆ Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the Zia Little League Code of Conduct and promise to adhere to its rules and regulations.

Print Name of Volunteer

Date

Signature of Volunteer