

# Refugio Little League® Player Registration Form

## Player Information

My child will play:  Baseball  Softball

Player Name: \_\_\_\_\_ Birthdate (mm/xx/yyyy): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Gender:  Male  Female **Shirt Size:** \_\_\_\_\_  
Mailing Address (if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Become a Regular Member?  Yes  No

### Parent/Guardian #2

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Become a Regular Member?  Yes  No

## Regular Member Information

Anyone that becomes a regular member will have an opportunity to vote at the Annual Meeting for the next season in accordance with Little League International Rules and Regulations.

\_\_\_\_\_ x \$10.00 per volunteer.

**Up to 2 per family.** The Secretary will send out notification of dates and times of the Annual Meeting and any other meeting that Regular members may vote at. Regular Members must be in good standing and are allowed one (1) vote when meeting takes place.

## Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Refugio Little League team, hereby give my/our approval to participate in any and all Refugio 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 Refugio Little League, Town of Refugio, 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 Refugio Little 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.

**Pool Player:**  Yes  No (A pool player will be chosen at random to play with another team should the team the player participates on doesn't have a game and another team needs a player. The Player Agent will choose players at random)

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

### Internal Use Only:

**Birth Certificate:**  Yes  No **League Age:** \_\_\_\_\_

**Proof of Residency or School Enrollment:**  Yes **Medical Form**  Yes **Conduct Form**  Yes **Pool Player:**  Yes  
**Member Signup**  Yes  No \_\_\_\_\_ x \$10

**Level Assigned:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_  
**Amount Paid:** \_\_\_\_\_ **Method of Payment:** \_\_\_\_\_ **Order #:** \_\_\_\_\_



# 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: \_\_\_\_\_

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.



# 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: Refugio Little League

League ID#: 343-29-09

Player/Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Division:</b> (Check One)	<input type="checkbox"/> Baseball	<b>Level:</b> (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> LL (Majors)	<input type="checkbox"/> Junior
	<input type="checkbox"/> Softball		<input type="checkbox"/> Minors	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior

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.

# Refugio Little League Parent Code of Conduct

We, the **Refugio Little League**, have implemented the following 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/guardian guilty of improper conduct at any game or practice will be asked to leave the park and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending any and 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, umpires, and spectators at every game, practice of other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any umpire, 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 players, coaches, umpires or other spectators.
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, umpires 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.
18. I (and my family) will refrain from adding disparaging comments about players, coaches, or officials on any social media site (i.e. Facebook, Twitter, Snapchat, etc.)

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Parent / Guardian Signature  
(Signature represents family understanding)