

2023 Mexico Little League Player Registration Form



Player Information:

Name: _____ Birthdate (MM/DD/YYYY): _____
 Address: _____ City: _____ State: NY Zip: _____
 Email: _____ Phone: _____
 Gender: Male ☐ Female ☐ New Player: ☐ Returning Player: ☐
 Division: Tee Ball ☐ A-Ball ☐ Minors ☐ Majors ☐ Juniors ☐ Softball Minors ☐ Softball Majors ☐
 Shirt Size: YS YM YL YXL AS AM AL AXL A2XL Coach Request: _____

Parent/Guardian Information:

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Code of Conduct / Terms & Conditions

Parents must read and sign this form prior to your child participating in our league. Anyone guilty of improper conduct at any Mexico LL function will be asked to leave the event and be suspended from the following game. Repeat violations may cause multiple game suspensions, or the season forfeiture of the privilege of attending all games. Any breach will result in a review of the incident by the Board, which will then determine punishment.

- I will praise good hustle and effort, ignore a poor result, and I will encourage participation, but not force it. Attitude is a choice – performance is not.
- I will respect the officials and their authority during games and practices. I 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.
- I will not coach being a spectator....I will offer words of encouragement, not instruction. I will avoid public displays of parental advice as they can cause embarrassment or confusion.
- I will teach my child that doing one's best is more important than winning, so they will never feel defeated by the outcome of a game, or their performance. I will never ridicule mistakes.
- I (and my guests) will be positive role models for my child encouraging sportsmanship, showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators.
- I (and my guests) will not engage in any unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will be flexible. Weather is unpredictable and schedules are subject to change with little notice.
- I give my approval for my child to participate in any and all Mexico LL activities. I understand that there may be some travel to and from other locations and agree to transport my child as needed to these events.
- 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.
- 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.
- 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.
- 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.
- 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.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- 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: _____ Signature: _____ Date: _____

League Use Only:

Birth Certificate ☐

Medical Release ☐

Proof of Residency/School Enrollment ☐

Check # _____

Cash ☐

Credit Card ☐

Amount Paid: \$ _____



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)/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.