

Shirt Size

FORT VANCOUVER LITTLE LEAGUE

3526 Kaufman Ave. • Vancouver, WA 98660 • Phone 360 696-2994

Registration No.

To be filled out by League Officials only.

REGISTRATION FORM

Player's Name Birth date Age Sex

Address City State Zip Code

Player lives with Father Mother Both E-MAIL School Home Phone

Other Relatives in our League Team played for last year

Last Name First Age Last Name First Age

PARENTAL INFORMATION

Father Cell Phone Occupation

is interested in: (A) Manager (B) Coach (C) Scorekeeper (D) Umpire (E) Would Like More Information regarding

Mother Cell Phone Occupation

is interested in: (A) Manager (B) Coach (C) Scorekeeper (D) Umpire (E) Would Like More Information regarding

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? YES NO.

If "yes" please explain and identify any modification that would enable your child to participate:

I/We the parents of the above named candidate for a position on a FORT VANCOUVER LITTLE LEAGUE TEAM, hereby give my/our approval to his/her participation in any and all Little League activities during the current season. 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 I/We assume all risks and hazards incidental to such participation including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, (Fort Vancouver Little League), the City of Vancouver, WA and Little League Baseball Inc. The Organizers, Supporters, Supervisors, Participants and Persons transporting my/our child/children for any claim arising out of any injury to my/our child/children whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request/or the end of the season the uniform and other equipment issued to my/our child/children in as good condition as when received except for normal wear and tear to your team coach and or manager.

I/We agree with Little League policy that any player refusing to accept advancement to a higher league shall forfeit chance to advance during entire season.

I/We will furnish a copy of our State Issued Certificate of Live Birth of the above named candidate(s) to the League Officials.

The cost per child to run the league is approximately \$140.00

I/We choose not to participate in Fort Vancouver Little League's Annual candy sales fund raiser, and agree to pay an additional \$40.00 per child in order to cover the entire cost of each player. I/We understand that if this payment is not received by April 1, this child will be responsible to participate in Fort Vancouver Little League's annual candy fund raiser.

By signing up our child in Fort Vancouver Little League, we agree to help in the Concession Stand at our teams scheduled times.

Date Signed: (Parent or Legal Guardian)

MEDICAL RELEASE FORM:

Brief Statement of physical and/or emotional condition:

Significant past illness and/or injury:

Medication required:

Please provide information about allergies, or medical conditions that the team should have in case of emergency

In case of emergency: Choice of Doctor: Hospital:

If physician named cannot be reached, in a reasonable time, I hereby authorize treatment by another physician that is available

Date Signed: (Parent or Legal Guardian)

TO BE FILLED OUT BY LEAGUE OFFICIAL

Proof of age document - Certificate of Life Birth YES NO Scholarship applied for

FEE'S: Registration: \$ Membership: \$ Sponsor A Kid: \$ Fund Raiser Sponsor A Team

DONATION PAYABLE TOTAL COLLECTED: Cash Check#

Sport Parent Code of Conduct

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

Parent/Guardian Signature



Little League® Volunteer Application - 2019

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

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.)? (list) Yes No

3. Do you have a valid driver's license? Yes No

Driver's License#: _____ State _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

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 I(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.