



# Lacey Little League, Inc.

2012 Player Registration

## **PLEASE READ THIS LETTER CAREFULLY**

**Registration must be done in person only.**

No mail in registrations will be accepted.

Registration times are from 7:00 PM to 9:00 PM at the following locations:

**Tuesday, November 8 at Lacey Middle School:**

**Tuesday, December 6 at Lacey Middle School:**

Returning players need to bring a completed application, completed medical release form and fee.

New players **MUST** bring a completed application, a photo copy of their birth certificate, 3 proofs of residency (photo copied/ such as utility bill, drivers license, credit card bill, tax bill), completed medical release form and fee.

**Registrations received November 8 will receive a \$20 early registration, per family, discount. Registrations received after December 6 will incur an additional \$50 Charge.**

Adults wishing to be considered as coaches, managers, umpires, etc. must bring **completed** enclosed adult application, **photo copy of government issued photo I.D.**, such as drivers license, and \$5.00 membership fee.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Raffle tickets will be distributed during registration.

### **Fee Schedule:**

**SINGLE PLAYER: \$80 + \$100.00 WORK BOND**

**FAMILY: \$130.00 + \$100.00 WORK BOND**

Work bond requirements are 4 hours of volunteer time per family. Activities must be approved by Executive Board. Activities generally include Refreshment Stand, Field Maintenance. Activities may be added or removed prior to the beginning of the season.

## **IMPORTANT NOTES!!!!**

A player's Little League age, for the 2012 season, is determined by his age as of 4/30/12.

1. Minimum Playing age is 5 years old. Age is determined by player's age on April 30, 2012.
2. Players who are Little League age 12, will have the option of trying out for Juniors (big field). If a Junior League team drafts a player, the player will NOT be eligible to go back to the Majors. Nor shall the player be eligible for the 12-year-old All Stars. Players will be eligible for Junior League All Stars.
3. Player evaluations and try outs will be announced at a later date.

### **T D BANK AFFINITY PROGRAM**

Please consider registering your T D Bank accounts with the Affinity Program. This program makes a donation to our Little League each year. There is NO cost to you. Money is not deducted from your account. The more accounts registered with the program, the bigger the donation. Your Account Information is strictly confidential and never shared with Little League.

Thank You in advance for your time and consideration.

**FOR ALL LACEY LITTLE LEAGUE INFORMATION VISIT OUR WEBSITE  
AT:**

[www.eteamz.com/laceylittleleaguea1](http://www.eteamz.com/laceylittleleaguea1)

\* LACEY LITTLE LEAGUE, INC. is a registered, non-profit organization operating under a charter granted by Little League Baseball Inc.

\* LITTLE LEAGUE BASEBALL, INC. is a non-profit membership organization headquartered in Williamsport, Pennsylvania.

\* LACEY LITTLE LEAGUE, INC. is not affiliated with USABL or other traveling organizations.

# Lacey Little League, Inc.

## 2012 Player Registration Form

Returning Player/ New Player (Circle one)

PLAYER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

### Parent or Guardian Information

1) PARENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

2) PARENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### Levels of Play

Please check the level of play that you would like your child to tryout or be evaluated for.

<input type="checkbox"/> T-Ball (Ages 5 - 7)	
<input type="checkbox"/> Jr. Minors (Ages 6 - 9)	<b>Player's 6-years old who have played one year of T-Ball may move to Jr. Minors upon passing evaluation.</b>
<input type="checkbox"/> Sr. Minors (Ages 8 - 11)	Player's 8-years old who have played one year of Jr. Minors may try out for Sr. Minors.
<input type="checkbox"/> Majors (Ages 9 - 12)	<b>Player's 9-years old who have played one year of Sr. Minors may try out for the Majors.</b>
<input type="checkbox"/> Juniors (Ages 12 - 14)	Player's 12-years old may try out for Juniors.
<input type="checkbox"/> Seniors (Ages 15 - 16)	<b>ALL players must be present at tryouts to be eligible for drafting to the highest level available for their age group.</b>

I/We, the parents of the above named player, hereby give my/our approval to participate in any and all Lacey Little League activities, including to and from activities.

I/We know that participation in baseball may result in serious injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless, the Lacey Little League, Inc., Little League Baseball, Inc., the organizers, sponsors, managers, participants, supervisors and persons transporting my/our child to and from these activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except the extent and in the amount not covered by accident or liability insurance.

I/We agree to return upon request any uniforms or other equipment issued to my/our child in good condition as received except for normal wear and tear.

I/We agree to keep Little League facilities clean and free from personal litter, (water bottles, gum wrappers, etc.) that are brought to the games.

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

League Use Only Date: \_\_\_\_\_ League Official: \_\_\_\_\_

Birth Certificate: Yes/ No Proof of Residency: Yes/ No

Fee Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_



# 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 eligibility 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 GUARDIAN AUTHORIZATION:

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)/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 Volunteer Application - 2012

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

Social Security #(mandatory upon request or with LexisNexis) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

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  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, 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):

Sex Offender Registry  Criminal History Records  \*LexisNexis

*\*Please be advised that if you use LexisNexis 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 directly from LexisNexis 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.**