

Fall Ball Registration 2013

When: Anytime between now and July 12th

Where: SRALL Monroe Baseball Fields

Who Should Sign Up?

Players that will be age 9 to age 14 on 4/30/2014

What Do I Need To Do?

Pick up and fill out a registration packet from our snack bar.

Return the registration packet to the snack bar or mail it to our PO Box. (P.O. Box 5003 Santa Rosa, CA 95402)

Fees: Minors (ages 9/10) - \$115

Majors (ages 11/12) - \$115

Juniors (Ages 13/15) - \$130

***Please provide payment along with your registration packet.**

Registration Ends: July 12, 2013

Practice Begins: Week of July 29th

Games Begin: Week of August 17th

Fall Ball



Santa Rosa American Little League 2013 Player Registration Form

Player Name			Birthdate		
			Gender	Age	
Player Address			Reg. Fee	Fundraiser	Other Fees
Home Phone	()	School Grade	Total Fees	Amt. Paid	How Paid
Player Email					

Parent #1	Parent #2	My child will tryout for: <input type="checkbox"/> Baseball <input type="checkbox"/> Softball
Name	Name	
Phone ()	Phone ()	Relationship
Work Phone ()	Work Phone ()	<input type="checkbox"/> Father
Cell Phone ()	Cell Phone ()	<input type="checkbox"/> Mother
		<input type="checkbox"/> Guardian
Email	Email	
Occupation	Occupation	
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	Relationship to player	Insurance carrier	Policy
		Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>
		Medical Release Yes <input type="checkbox"/> No <input type="checkbox"/>	Waiver Needed? 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 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 Willimsport 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.
- As a condition of signing, I/We give permission for the Little League organization to conduct a background check on me, 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.

Signature _____ Date _____



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.

**SRALL Player Family Participation Requirements
Fall 2013**

Minors Division

Ages 9 & 10

1. Field Help – before and after game
2. Snack Bar Shift(s)
3. Umpiring

Majors Division

Ages 11 & 12

1. Field Help – before and after game
2. Snack Bar Shift(s)
3. Umpiring

Juniors Division

Ages 13 & 14

1. Field Help – before and after game
2. Snack Bar Shift(s)
3. Umpiring

SRALL PARKING LOT AGREEMENT



- OBSERVE POSTED PARK HOURS
 - 4:45 TO DARK ON WEEKDAYS
 - 9:00 TO DARK ON SATURDAYS
 - 9:00 TO DARK ON SUNDAYS
- NO HONKING
- TURN OFF CAR ALARMS
- NO YELLING IN THE PARKING LOT
- DO NOT PARK IN FIRE LANES OR NO PARKING ZONES
- 5 MPH MAXIMUM SPEED LIMIT
- PARKING LOTS AND FIELDS ARE TOBACCO & ALCOHOL FREE AREAS
- PARK CLOSE TO OTHER CARS TO MAXIMIZE SPACES
- CLOSED CIRCUIT VIDEO AND AUDIO SURVEILLANCE EQUIPMENT IS UTILIZED AT THE MONROE COMPLEX.
- IF YOU PARK IN THE NEIGHBORHOOD BE COURTEOUS
 - DO NOT BLOCK DRIVEWAYS
 - MIND YOUR NOISE LEVEL
 - BE RESPECTFUL OF NEIGHBOR'S PROPERTY

Primary Car Second Car

Make: _____ Make: _____

Model: _____ Model: _____

License: _____ License: _____

(Print name and sign)

Parent/Guardian _____ Date: _____

Parent/Guardian _____ Date: _____

By signing this I agree to all park rules and regulations. No other warning will be given and penalties may include ticketing and/or towing.

**SANTA ROSA AMERICAN LITTLE LEAGUE
Parents' Code of Conduct**

By signing your child up for Santa Rosa American Little League, it is understood that you acknowledge and agree to follow the following **Parents' Code of Conduct** adopted by the Board of Directors to be expected from all parents with children participating in Santa Rosa American Little League:

- I 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 and officials at every game, practice or other sporting event.
- I will place the emotional and physical well being of my child and other children ahead of my personal desire to win.
- I will never ridicule or yell at my child or other players for making a mistake or losing a competition.
- I will cheer for, but refrain from coaching my child or other players during games and practices.
- 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.
- I will support a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all sports events.
- I will remember that the game is for the children, not for the adults.
- I will do my best to make little league fun for all involved.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching or providing volunteer support in other ways, being a respectful fan, providing transportation, or whatever I am capable of doing.
- I will refrain from disorderly conduct, swearing, and the use of foul or abrasive language.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

Disrespectful behavior by parents towards players, coaches, neighbors, school officials or league officials will not be tolerated. Any parent exhibiting such behavior will be asked to leave the Little League facilities. It is assumed that by signing your child up for SRALL that you have received this notice and that it serves as an official warning; ***No other warnings will be given.***

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____



2013 Fall Ball Schedule

- July 29th, 2013 – Practices Start
- August 17, 2013 – Games Start
- October 19, 2013 – Last day of majors, minors games
- October 22 – October 27, 2013 (approximate) – Juniors End Of Season Tournament

Fall Ball 2013 Request Form

Player Name _____ Player Birth Date _____

Parent(s) Name(s) _____

School That Player Attends _____

I would like to manage a team []

I would like to coach on a team []

I would like to request a coach: _____

(Coach's name)

(SRALL does not guarantee any requests)

I would like to request to be on a team with player(s) listed below if possible

(SRALL does not guarantee any requests)

Player Name Reason

1. _____

2. _____

3. _____

4. _____

Comments:



Little League Volunteer Application - 2013

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 _____

Social Security # (mandatory with LexisNexis or upon request) _____

Cell Phone _____ Business 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): _____

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: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? 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.