



Little League® Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____
Address: _____ Gender: Male ☐ Female ☐
Address 2 (if applicable): _____ League Age: _____ League Fee: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
My child will tryout for: ☐ Baseball Uniform Size: YS YM YL AS AM AL

Parent/Guardian Information

Parent/Guardian #1

Name: _____
Phone: _____
Email: _____
Occupation: _____
Volunteer? ☐ Yes ☐ No
If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____
Phone: _____
Email: _____
Occupation: _____
Volunteer? ☐ Yes ☐ No
If yes, fill out "Volunteer Application"

Medical Information

Emergency contact: _____ Insurance carrier: _____
Relationship to player: _____ Phone: _____
Phone: _____ Policy: _____

Terms and Conditions

- (1) 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.
- (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 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.
- (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 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.
- (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.
- (6) 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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) 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 anytime.

Signature: _____ Date: _____

Internal Use Only:

Birth Certificate: ☐ Yes ☐ No
Medical Release Form ☐ Yes ☐ No
Proof of Residence or ☐ Yes ☐ No
School Enrollment

Waiver Needed? ☐ Yes ☐ No
Level Assigned: _____
Team Name: _____



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
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Name	Phone	Relationship to Player
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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.

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____



Sunset Little League Terms and Conditions

1. I/We, the parents/guardians of the above-named child 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.
2. I/We know that participation in baseball 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, Inc., 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. I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Inc. at LittleLeague.org/residence) and age. I/We understand that our child must be eligible under the residence/school attendance and age regulations of Little League Baseball, Inc. 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, Inc.) 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.
4. I/We agree that our child may be required to try out for a team. If such does not attend at least 1 of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. If applicable, I/We understand that our child 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.
6. I/We will furnish a certified birth certificate of the above-named child to League Officials.
7. I/We understand that my information as the parent or guardian of such above-named child 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/privacy policy. You may opt-out of communications from Little League International at any time.

Signature: _____

Date: _____

Signature: _____

Date: _____



Parent & Player Code of Conduct

Parents should read, understand and agree to the terms listed below. 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
- Responsibility
- Good Citizenship
- Respect
- Fairness
- Caring

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 wellbeing 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 wellbeing 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.

Signature: _____

Date: _____

Signature: _____

Date: _____



Sunset Little League - Media Release Form

IF YOU DO NOT WISH TO HAVE YOUR CHILD'S PHOTO USED CHECK THIS BOX: ☐

I, the undersigned, **consent OR DO NOT consent**, to have myself and/or my child, _____,
(Circle One) (Child's Name)
to be photographed by a member of the Sunset Little Leagues Board of Directors while playing baseball games, practices or when attending any Sunset Little League sponsored or hosted event at any time during the 2019-2020 season.

By signing this release below, I acknowledge that my photo/video may be used on Sunset Little Leagues website and other public media such as Facebook or any Sunset Little League related advertising or training material.

Name: _____

Signature _____ Date: _____

Sunset Little League - Proofs of Residency

1. Bring your child's original Birth Certificate.
2. Bring School Enrollment Form – OR – one document copy from each of the 3 groups outlined below;
3. If your child is playing in the major or minor division, keep your original proofs in a safe place. Originals will be required for tournament play, copies are not accepted.
4. Proofs must be dated from February 2019-January 2020.

If you do not use the School Enrollment Form to Sign-Up,

Sunset Little League will accept 3 forms of proof of Residency (one from each of the following groups):

GROUP 1	GROUP 2	GROUP 3
Driver's License	Welfare/Child Care Records	Voter's Registration
School Records	Federal Records (Federal Tax, Social Security, etc.)	Utility Bills (i.e. gas, electric, water/ sewer, phone, mobile phone, heating, waste disposal, etc.)
Vehicle Records (i.e. registration, lease, etc.)	State Records	Financial Records (i.e. loan, credit, investments, etc.)
Employment Records	Local (municipal) Records	Medical Records
Insurance Documents	Support Payment Records	Internet, Cable, or Satellite Records
	Homeowner or Tenant Records	
	Military Records	



Sunset Little League – Registration Info

Sign Up ONLINE at sunsetll.com

2020 Participation Fee Schedule: Sibling discount: \$10 first sibling, \$20 second sibling

Division	Early Bird before 12/21/18	After 12/21/18	Fee Includes
T-Ball	\$75 per player	\$90 per player	Team T-shirt, Baseball Cap and Belt
Farm	\$110 per player	\$125 per player	Team 2 Button-up T-shirt, Baseball Cap and Belt
Minor	\$110 per player	\$125 per player	Team 2 Button-up Jersey, Baseball Cap and Belt
Major	\$110 per player	\$125 per player	Team Button-up Jersey, Baseball Cap and Belt
Junior	\$135 per player	\$150 per player	Team Button-up Jersey, Baseball Cap and Belt

EARLY BIRD: To receive the early bird discount, all fees must be paid in full by 12/21/19

Dates to Remember

Day	Date	Description	Time
Wed	12/03/19	EARLY BIRD Sign-Ups - Eddie's Pizza (Marina Center)	6:30pm-8pm
Sat	12/07/19	EARLY BIRD Sign-Ups - Bob's at the Marina	10am-12pm
Sat	01/04/20	District Wide Sign-Ups - UOP Janssen-Lagorio Gymnasium	10am-1pm
Tue	01/07/20	League Sign-Ups - Tully C Knowles School	6:00pm-7:30pm
Wed	01/08/20	League Sign-Ups - Mable Barron School	6:00pm-7:30pm
Thur	01/09/20	League Sign-Ups - Lincoln Elementary School	6:00pm-7:30pm
Sat	01/11/20	District Wide Sign-Ups - UOP Janssen-Lagorio Gymnasium	10am-1pm
Sat	01/25/2020	Try-outs – Belmont Fields	9:30am – 12pm
Sat	02/01/2020	Try-outs – Belmont Fields	9:30am – 12pm
Sat	03/21/2020	OPENING DAY!	

TRY-OUTS: **Players MUST be present to at least 1 try-out in order to play on Minor or Major Teams**

2020 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015	4
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	5
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	6
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	7
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	8
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	9
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	10
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	11
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	12
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	13
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	14
2005	2005	2005	2005	2005	2005	2005	2005	2004	2004	2004	2004	15
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	16

NOTE: This age chart is for BASEBALL DIVISIONS ONLY, and only for 2020.