

FOOTHILL AREA LITTLE LEAGUE

P.O. BOX 114, PALO CEDRO, CA 96073

Baseball _____

Softball _____

As on birth certificate

Player's Name _____ Phone _____
First MI Last

Address _____
Street & mailing address (both are required) city, zip

Father _____ Occupation _____ Bus. Phone _____

Mother _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

School _____ Grade _____ Date of Birth _____

Number prior last last last

Season played _____ Team _____ League _____ Season _____

I / We the parents of the above named candidate for a position on Foothill Area Little League, Inc, Term(s), hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We acknowledge 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 for any claim arising out of any injury to my/our children whether the result of negligence 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 the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We also agree to remain totally responsible for the other fundraising items my child may be involved in.

Signature of Parent or Guardian _____ Date _____

E-mail address: _____ Fax Number _____

To operate the League properly, we need volunteers. If you are able to help, please indicate in which capacity:

_____ Manager or coach	_____ Team Paren	_____ Concessions
_____ Umpiring	_____ Scorekeeping	_____ Committee work
_____ Field development	_____ Sponsor	

TO WHOM IT MAY CONCERN:

My permission is hereby granted for my child _____

To receive medical treatment in the case of injury during the Little League season

Family Physician _____ Phone _____

Hospital preference _____

Emergency contact _____ Phone _____

Allergies/medical problems/physical limitation _____

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

League use only

B/C Verified _____ League Age _____ Res. Verified _____ Try out _____

Sibling's _____ Revised 1-4-2009

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