

A Note from Brookfield Recreation:

Sign-up for Spring:

Baseball (age 7-12 by April 30 2012)

Softball (age 7-12 by April 30 2012)

T- Ball (age 4-6 by April 30 2012)

Will Need. copy of birth certificate, medical information

Kids over 12 years old are encouraged to sign-up too.

Saturday, January 28th & Saturday, February 11th

Starting at 8:00am

@ The Brookfield Elementary School outside the Gym

Volunteers are Needed:

Coaches, Assistant Coaches, Scorekeepers, Umpires,

Concession Stand

Need to have a copy of your Drivers License to Volunteer. *Thank-You*

Any questions email sherrygilman@yahoo.com

More information will follow soon.



Little League®

Player Registration Form

Player name

Address

Address 2

City/State/Zip

Home phone

Email

Birthdate

Gender

League Age/
Fee

Age Amount

My child will
tryout for:☐ Baseball
☐ Softball

Parent #1

Name	
Phone	()
Email	
Occupation	
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Parent #2

Name	
Phone	()
Email	
Occupation	
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Medical Information

Emergency contact	
Relationship to player	
Insurance carrier	

Phone

Policy

League Use Only

Birth Certificate	Proof of Residency
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Release Form	Waiver needed?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Assigned	Team Name

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. 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 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.

5. 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.

6. 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 Williamsport 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.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature

Date



Little League Baseball and Softball MEDICAL RELEASE



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
_____	_____	_____
_____	_____	_____

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.

Year: _____

Childs Name: _____

Age: _____

Grade: _____

Circle one:

T-Ball

Baseball

Softball

Number of Years Played: _____

Shirt Size: _____



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: _____
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 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.

Applicant 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, gender, marital status, 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 applicant.