

<b>BASEBALL</b>	<b>SOFTBALL</b>
T-BALL (4-6)	T-BALL (4-6)
Farm (7-8)	Farm (7-8)
Minors (9-10)	Minors (9-10)
Majors 11-12	Majors 11-12
Juniors 13-14	Juniors 13-14
Seniors 15-16	Seniors 15-16
Other	Other



Winter 2010

Date: _____
Receipt _____
Paid: _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
Balance _____
Receipt _____
Paid _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____

Male  
 Female

\_\_\_\_\_  
 Player's Name

\_\_\_\_\_  
 Mo. Day Yr.

\_\_\_\_\_  
 Age as of 4/30/2011 ( )

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Phone No.

Did player participate in NELALL last year? If so please fill below:

School Attending \_\_\_\_\_

Team Played Last Year	Division

( )

\_\_\_\_\_  
 Medical Insurance Carrier

\_\_\_\_\_  
 Policy Number

\_\_\_\_\_  
 Family Doctor

\_\_\_\_\_  
 Phone Number

( )

\_\_\_\_\_  
 Dental Carrier

\_\_\_\_\_  
 Policy Number

\_\_\_\_\_  
 Family Dentist

\_\_\_\_\_  
 Phone Number

Please provide information about any special or continuing medical prescriptions, including allergies of which the team manager should be aware of:

**Consent to Treat Minor:**

I/We, the parents(s) or legal guardian(s) of the above named minor hereby appoint any representative of Little League Baseball Inc., to act in my/our behalf in authorizing any x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor during my/our absence. This document is valid for the current Little League season, including any pre-season or post-season games or activities. This documentary may be relied on by any licensed physician, surgeon, dentist or appropriate hospital representative in accordance with Section 25.8 of the Civil Code of California. I/We authorize any hospital that has treated the above named minor to surrender physical custody of the minor to my/our agent. This authorization conforms to Section 1283 of the Health and Safety Code of California.

**Liability Statement:**

I/We, the parents(s) or legal guardians(s) of the above named minor give my/our permission for the child's participation in any and all activities of Little League during the current season. 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 (Los Angeles Little League), Little League Baseball, Inc., the organizers, sponsors, participants, board members, managers, coaches and persons transporting my/our child to and from the activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause. I/We assume all risks or hazards incidental to the conduct of the activities and the transportation to and from the activities. In the case of injury to my/our child, I/We hereby waiver all claims against the local Little League (Los Angeles Little League), Little League Baseball Inc., the organizers, sponsors, participants, board members, managers, coaches, or any of the supervisors appointed by them and persons transporting my/our child to and from the activities.

( )

\_\_\_\_\_  
 Emergency Contact (Other than parent or guardian) Relationship Phone Number Address

**Parent(s) or Guardian Information:**

Mother  Guardian

Father  Guardian

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address

\_\_\_\_\_

City Zip

\_\_\_\_\_

Work Phone Cell Phone

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address

\_\_\_\_\_

City Zip

\_\_\_\_\_

Work Phone Cell Phone

\_\_\_\_\_

Signature Date



## Northeast Los Angeles Little League Player Code of Conduct

I pledge to be responsible for my participation by following this code of conduct of Northeast Los Angeles Little League:

- ◆ I agree to accept authority and supervision in a positive manner at all times.
- ◆ I agree to seriously accept the responsibility and privilege of representing Northeast Los Angeles Little League.
- ◆ I agree to attend and participate in all scheduled games and practices when reasonably possible.
- ◆ I agree to follow all directions from the coach/manager and umpire.
- ◆ I agree to communicate positively with the coach/manager, umpires, teammates, and opponents.
- ◆ I agree to treat my teammates, opponents, fans, umpires, and all other adults with dignity and respect.
- ◆ I agree to not use foul and/or disrespectful language and taunting with anyone.
- ◆ I agree to respect NELALL officials and umpire decisions without argument.
- ◆ I agree to exercise self control at all times and set a positive example for others to follow.
- ◆ I agree to positively encourage teammates and refrain from being critical of or joking about their mistakes.
- ◆ I agree to be aware of safety and will not throw a bat, ball, or equipment in anger. I will remain in the dugout with my teammates during games when I'm not on the field.
- ◆ I agree to not be overly aggressive or have angry reactions when I make an out or error.
- ◆ I agree to win without bragging, lose without making excuses, and never give up.
- ◆ I agree to be respectful of the equipment of other players and NELALL.
- ◆ I agree to practice good sportsmanship at all times. I will play hard but within the rules of NELALL.

My signature verifies that I have read, understood, and will follow the Player's Code of Conduct.

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Player's Name

Division

Team

My signature verifies that I have read, understood, and will follow the Player's Code of Conduct. I will positively encourage my child to abide by the Code.

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Parents' Name

Date



## Northeast Los Angeles Little League Parent Code of Ethics

- ◆ I pledge to provide positive support, care and encouragement for my child participating in the Northeast Los Angeles Little League.
- ◆ I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
- ◆ I will place the emotional physical well being of my child above any personal desire to win.
- ◆ I will provide support for coaches and officials working with my child to provide a positive and enjoyable experience for all.
- ◆ I will demand a tobacco, alcohol and drug free environment for my child and agree to assist by refraining from use of all noted substances at all games and practices myself.
- ◆ I will remember that the game is for the children.
- ◆ I will expect my child to treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability.

I HAVE READ AND FULLY UNDERSTAND THE NORTHEAST LOS ANGELES LITTLE LEAGUE PARENT CODE OF ETHICS. I WILL MAKE EVERY EFFORT TO COMPLY WITH EACH CODE ABOVE.

Parent Signature: \_\_\_\_\_

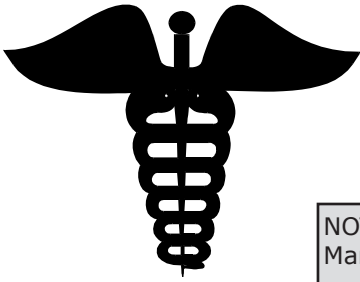
Print Child's Name: \_\_\_\_\_

Division/Team: \_\_\_\_\_



## Parent/Player Obligations Winter 2010

<b>Fees</b>	All fees are due at the time the player signs up. Registration \$120.00 Service Hours Deposit \$50.00 Fundraiser \$50.00 If fees are not paid prior to the start of the season, players will not be issued a uniform.
<b>Proof of Residency/Age/Medical Release</b>	At the time of signup, each player has to provide an original birth certificate, three current proofs of residence, and a medical release.
<b>Volunteer Service Hours</b>	Each parent is required to pay a \$50.00 service hours deposit for each player in the league. This will be refunded once the parent has completed the service hours. Your team parent will let you know when you are to complete your hours.
<b>Code of Ethics</b>	Each parent and player is required to sign a Code of Ethics.
<b>Child Care</b>	The league doesn't provide child care. Please do not leave children at the park unless the coach is at the park and notified that you will not be there. Children who are left at the park will be taken to Northeast Los Angeles Police Station.
<b>Refunds</b>	Refunds only will be issued in the event of a documented medical emergency at the beginning of the season.



# Little League<sup>®</sup> 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: \_\_\_\_\_

League Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

**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: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**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

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.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

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.