



# Tucson Mountain Little League Player Registration Form 2017 Spring Season

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

Discounts: Siblings / New Player - \$ \_\_\_\_\_

**Player:**

First:	Last:
Address:	
City/State/Zip:	
Main Contact Number:	
Main Email Address:	

Birthdate:	
Male:	Female:
Baseball:	Softball:

**Parent/Guardian:**

Parent #1:	Parent #2:
Phone#	Phone#:
Email:	Email:

Emergency Contact Name:	Relationship to player:	Phone#:
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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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEAGUE USE ONLY**

<b>Shirt Size:</b>  Adult: Sm Med Lg XL 2XL  Child: Sm Med Lg XL	<b>2017 League Age:</b>	<b>Birth Certificate</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Proof of Residency/School</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Years Played:</b>	<b>Medical Release Form</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Waiver Needed</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Payment: Amount</b> \$ _____	<b>How Paid:</b> Cash / Check # _____ / CC _____	<b>Receipt #:</b> _____	
<b>Processed By:</b> _____		<b>PayPlan:</b> 2: _____ 3: _____	
\$ / How Paid / Receipt # / By		\$ / How Paid / Receipt # / By	
<b>Division:</b> _____ <b>Team Request:</b> Friend: _____ / Manager: _____ (only one)			



# 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 Name: \_\_\_\_\_ 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

\_\_\_\_\_  
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.

# *Sport Parent Code of Conduct*

We, Tucson Mountain Little League, under the guidelines of Little League International, 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 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
- 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 encourage my child to 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 uphold 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



Tucson Mountain Little League  
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Tucson, AZ 85757

[www.tucsonmountainlittleleague.com](http://www.tucsonmountainlittleleague.com)

### PHOTO USE RELEASE FORM

I, \_\_\_\_\_ parent of \_\_\_\_\_ hereby grant and authorize Tucson Mountain Little League the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures and/or video taken of me or my child/children to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Tucson Mountain Little League and will not be returned.

I hereby hold harmless, and release Tucson Mountain Little League from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

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Parent/Guardian Signature

Date