

WHAT:

Little League Signup Night

WHEN:

*Wednesday
February 21, 2018
5pm – 7pm*

WHERE:

EES Lobby

WHO IS ELIGIBLE:

*All boys and girls ages 5 (as of 9/1/17)
thru 12 (boys as of 4/30/18,
girls as of 12/31/17)*

COST:

*\$45 per player
(\$100 max per household)
Checks payable to:
Enosburg Little League*

**Registration cost includes
uniform shirt and hat*

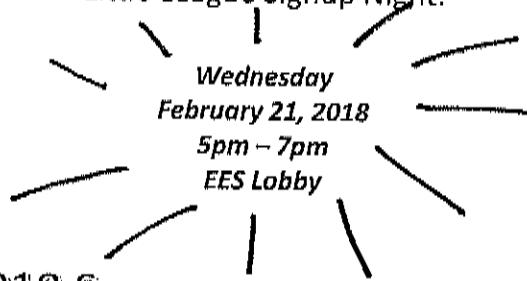
*Personalized Team Apparel
available to order at signups!*

Little League

Baseball/Softball Is Almost Here!

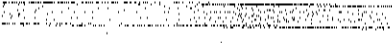
Time to sign up your kids...

Please fill out the attached forms and bring to
Little League Signup Night:



About the 2018 Season...

- We need adult volunteers of all kinds! If you are willing to help out in any capacity, please fill out the volunteer application and bring a photo ID to signups.
- The next Enosburg Little League Board meeting is March 7th @ 6pm. Come bring your input and support to help organize the season.
- Please note a new bat rule for 2018 (baseball only): All bats 27" and longer must be NEW as of 9/2017 and bear the USA Baseball approval logo. No bats used last year will be allowed. Ask us at signups for more info.
- A mandatory skills assessment will be held on March 18 for all 10, 11, 12 year olds to gauge ability for Majors level teams. Location: EFHS gym, time: TBD





Enosburg 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 Softball

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 parent(s)/guardian(s) 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 uniforms 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 attendance (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/or 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 any time.

Signature: _____ Date: _____

Internal Use Only:

Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned:	_____
Proof of Residency <i>g</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name:	_____
School Enrollment			



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: Keystone Risk Managers, LLC Policy No.: SRG9105434 League/Group ID#: 02450308

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: Missisquoi Little League League ID: 02450308

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.



Little League Volunteer Application - 2018

Do not use items from past years. Use extra paper to complete additional space(s) required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Social Security # (mandatory with First Advantage or upon request) _____
 Cell Phone _____ Business Phone _____
 Home Phone: _____ E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies: _____
 Community affiliations (Clubs, Service Organizations, etc.): _____
 Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? _____ Yes No
 If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes No
 3. Do you have a valid driver's license? _____ Yes No
 Driver's License#: _____ State: _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? _____ Yes No
 If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) _____ Yes No
 If yes, describe each in full: _____
 (Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? _____ Yes No
 If yes, describe each in full: _____
 (Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. 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 Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:
<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

ASA CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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 _____
 if Minor/Parent 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, national origin, marital status, gender, 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):
 Regulation (c)(9) Mandates First Advantage or another provider that is comparable
 * First Advantage Sex Offender Registry Data along with National
 Criminal Records check of at least 281 million records

Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should only proceed if they will receive a letter directly from Lexipol 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 application.