

# Oro Valley Little League



## 2018 Fall Registration Information

Oro Valley LL is open to boys & girls, ages 4-15 (as of 12/31/18) attending school or residing within League Boundaries

### **Upcoming Registration Dates:**

Wednesday, August 8	6:00pm-8:00pm	D-BAT, Tucson
Saturday, August 11	10:00am-12:00pm	D-BAT, Tucson
Wednesday, August 15	6:00pm-8:00pm	D-BAT, Tucson

### **Player Fees:**

Baseball (Fall Ball): \$100 (first child), \$100 (2nd child), \$65 (3rd Child or more)

**Credit Cards now accepted!** Checks payable to Oro Valley Little League

### **Fall Ball Schedule**

**Practice Begins: TBD**

**Games Begin: TBD**

**Season Ends: TBD**

*Note: Registration must be completed, including all necessary paperwork and outstanding fees (without prior approval from League President) in order for a player to begin practicing with their team.*

### **What to Bring To Registration:**

- |                                |                        |
|--------------------------------|------------------------|
| • Birth Certificate            | • Medical Release Form |
| • 3 valid proofs of residency* | • Code of Conduct Form |
| • Registration Form            | • Payment              |

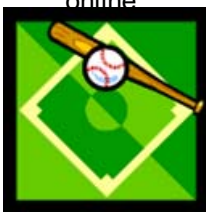
\*Residency paperwork must be dated between 1/1/17 - 1/1/18 and come from 3 different categories

### **Mail In Registration**

Registrations submitted through mail must include all paperwork, fees, and be postmarked by August 24, 2018. Mail to: Oro Valley Little League, PO Box 68119, Oro Valley, AZ 85755

A \$25 Late Fee will be assessed to any persons registering and/or paying fees after the final registration date. Late registration does not guarantee placement on a team.

Want to be more involved? OV Little League is always looking for Sponsors and Volunteers, such as Coach, Manager, or Team Parent! Volunteer Registration Form and Sponsorship information is available online



For more information, please visit our website

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

[Email: ovllregistrar@gmail.com](mailto:ovllregistrar@gmail.com)





# Oro Valley Little League®

## 2018 Player Registration Form

<b>Player name</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; font-size: small;">First Name</td> <td style="width: 50%; text-align: center; font-size: small;">Last Name</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	First Name	Last Name			<b>Birthdate</b>	
First Name	Last Name						
<b>Address</b>			<b>Gender</b>				
<b>Address 2</b>							
<b>City/State/Zip</b>							
<b>Best Phone #</b>	(    )		<b>League Age</b>				
<b>School</b>							
<b>2017 Team &amp; Division</b>							

- Baseball**  
 **Tee Ball**

**Parent #1**

**Parent #2**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"><b>Name</b></td><td style="width: 35%;"></td><td style="width: 15%;"></td></tr> <tr><td><b>Phone</b></td><td>(    )</td><td></td></tr> <tr><td><b>Email</b></td><td colspan="2" style="height: 20px;"></td></tr> <tr><td><b>Occupation</b></td><td colspan="2" style="height: 20px;"></td></tr> <tr><td><b>Volunteer?</b></td><td colspan="2"><input type="checkbox"/></td></tr> </table>	<b>Name</b>			<b>Phone</b>	(    )		<b>Email</b>			<b>Occupation</b>			<b>Volunteer?</b>	<input type="checkbox"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"><b>Name</b></td><td style="width: 35%;"></td><td style="width: 15%;"></td></tr> <tr><td><b>Phone</b></td><td>(    )</td><td></td></tr> <tr><td><b>Email</b></td><td colspan="2" style="height: 20px;"></td></tr> <tr><td><b>Occupation</b></td><td colspan="2" style="height: 20px;"></td></tr> <tr><td><b>Volunteer?</b></td><td colspan="2"><input type="checkbox"/></td></tr> </table>	<b>Name</b>			<b>Phone</b>	(    )		<b>Email</b>			<b>Occupation</b>			<b>Volunteer?</b>	<input type="checkbox"/>	
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**Medical Information**

**League Use Only**

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<b>Policy</b>																		
Birth Certificate	Proof of Residency																	
Medical Release Form	Waiver needed?																	
Amount Paid	Check #																	

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 do hereby give and grant unto Oro Valley Little League coaching staff or league official my/our consent to perform necessary emergency care procedures until parents or family physician can be contacted and to use their own judgment in securing medical aid and/ or emergency transportation. Be it known also that I/we give and grant unto any medical doctor to said athletes, in the judgment so said doctor or hospital may be required on an emergency basis

- in the event said athlete should be injured or stricken ill while under the supervision of a Oro Valley Little League coach or league official. This permission includes emergency surgery, admission to a hospital and administration of drugs, injections, therapeutic procedures, etc., as deemed necessary by the attending physician.
4. By signing this application form and registering your child for the Oro Valley Little League, you are granting the use of your child's name and/or picture for publication in local newspapers, magazines and on the OVLL website, www. OroValleyLL.com.
5. By signing this application form and registering your child for the Oro Valley Little League, you are acknowledging that you and your child will follow and abide by all rules governing OVLL and the National Little League as well as the Code of Conduct posted on the OVLL website as well as that on the national Little League website. Failure to abide by rules and codes of conduct may result in disciplinary action by OVLL board representatives up to and including dismissal from the league.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# RESIDENCE ELIGIBILITY REQUIREMENTS

Each local Little League determines the actual geographic boundaries of the area from within which it shall select players. These boundaries must be described in detail and shown on a map and dated when making application for a Little League charter. Players will be eligible to play with that league only if they reside within the boundaries provided to and approved by Little League Baseball, Incorporated.

A player will be deemed to reside within the league boundaries if:

- A. His/her parents are living together and are residing within such league boundaries, OR;
- B. Either of the player's parents (or his/her court-appointed legal guardian) reside within such boundaries. It is unacceptable if a parent moves into a league's boundaries for the purpose of qualifying for tournament play. As detailed later in these rules, the penalty for violation of this rule may, in Little League Baseball, Incorporated's discretion, result in the disqualification of a player, team or entire league from regular season and/or tournament play.

"Residence," "reside" and "residing" refers to a place of bona fide continuous habitation. A place of residence once established shall not be considered changed unless the parents, parent or guardian makes a bona fide change of residence.

Beginning with the 2017 season, the following changes will be implemented for the Residency and School Attendance Eligibility Requirements:

- A school issued report card or performance record will no longer be accepted to establish school attendance. Either the school enrollment form or an official/certified school enrollment record dated prior to October 1, 2016 can be used to establish school attendance for the 2017 season.
- Also, residence shall be established and supported by documents containing the full residence which includes parent(s) or guardian(s) name, street address, city, state and zip code information, dated or in force between February 1, 2016 (previous year) and February 1, 2017 (current year), from one or more documents from EACH of the three Groups outlined below:

## Group I

1. Driver's License (photo ID of parent(s) or guardian(s) with qualifying residence address)
2. School records (home address of player's parents or guardians)
3. Vehicle records (i.e., registration, lease, etc.)
4. Employment records
5. Insurance documents (with residence address)

## Group II

1. Welfare/child care records
2. Federal records (i.e., Federal Tax, Social Security, etc.)
3. State records
4. Local (municipal) records
5. Support payment records
6. Homeowner or tenant records
7. Military records

## Group III

1. Voter's Registration
2. Utility bills (i.e., - gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
3. Financial records (loan, credit, investments, etc.)
4. Medical records
5. Internet, cable, or satellite television records

**Note:** Example – Three utility bills (three items from No. 10 above) constitute only ONE document

Be aware that players who established "residence" or "school attendance" for regular season and/or tournament eligibility prior to the 2016-2017 season by using the Tournament Player Verification form, and who can produce the form with proper proofs and signatures from the first year that the Tournament Player Verification form was used for that player, will be grandfathered and will NOT need to complete a new Tournament Player Verification Form.

If the claim for residency is challenged, three of the above materials must be submitted to Little League Baseball, Incorporated, with an affidavit of residency from the parent(s) or guardian. Little League Baseball, Incorporated shall decide the issue, in its sole discretion, and that decision will final and binding. Residency documents must illustrate that the residence (as defined above) was inside the league's boundaries throughout the regular season (as of June 15 of the year in question).

In the case of a Regulation II(d) Waiver Form, or a Regulation IV(h) Waiver Form, the proof of residence for the FORMER residence of the parent(s) that was within the current league's boundaries must be obtained. This proof of residence for the former residence must be supported by the same documentation as noted above.

Tournament Requirement for Non-Citizens: A participant who is not a citizen of the country in which he/she wishes to play, but meets residency requirements as defined by Little League, may participate in that country if:

1. his/her visa allows that participant to remain in that country for a period of at least one year, or;
2. the prevailing laws allow that participant to remain in that country for at least one year, or;
3. the participant has an established bona fide residence in that country for at least two years prior to the start of the regular season.

Exceptions can only be made by action of the Charter Committee in Williamsport. Any request for a waiver pertaining to the eligibility of a player must be submitted in writing, by the president of the local Little League through the district administrator, to their respective Regional Director not later than the date prescribed in Regulation IV (j). Requests submitted after that date will not be considered.

## PROOF-OF-AGE REQUIREMENTS ACCEPTABLE FORMS OF PROOF OF BIRTH DATE

1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Little Leaguer is participating.
2. If country of participation differs from the country of proof of age document, original proof-of-age document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, are acceptable proof of age, provided the document was filed, recorded, registered or issued within one (1) year of the birth of the child.
3. An original document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, listing the date of birth, with reference to the location and issue date of the original birth certificate, is acceptable.

(The original birth certificate referenced must have been filed, recorded, registered or issued within one (1) year of the birth of the child.) Also issued by these agencies are photocopies of the certificate of live birth with the certification also photocopied, including the signature, and include the seal impressed thereon. Such documents are acceptable without "live" signatures, provided the original filed, recorded, registered or issued date of the birth certificate was within one (1) year of

the date of birth.

4. For children born abroad of a parent or parents who are U.S. citizens, any official government document issued by a U. S. federal agency or service, is acceptable. For military dependents, Department of Defense identification cards and military hospital certificates are acceptable. These must be originals, not copies, and must refer to a filing, recording, registration, or issue date that is within one (1) year of the birth of the child.

5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a District Administrator is acceptable.

**NOT ACCEPTABLE AS SOLE PROOF OF BIRTH:** Baptismal Certificate; Certificate of Blessing; Certificate of Dedication; Certificate of Circumcision, etc.; Hospital Certificate; photocopied records; passports.

**NOTE:** Little League International has authorized the Regional Directors for Latin America, Europe (including Middle East and Africa), and Asia/Pacific, to adopt a policy that excludes No. 1 above. Local Little Leagues and districts in those regions will be informed of the regional policy.

## HOW TO OBTAIN ACCEPTABLE DOCUMENTS PROVING DATE OF BIRTH

Certified copy-of-birth records may be obtained from the Registrar of Vital Statistics of each state, province or local office where the child was born. For U.S.-born persons, addresses of these offices or bureaus, fees required, and other pertinent information are supplied by the United States Department of Health and Human Services (National Center for Health Statistics). A database listing the method for obtaining birth records from any U.S. state or territory is available at the following Internet address: <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> Individual states may also have on-line instructions on how to obtain "rush" birth records. To find out a state's latest policies regarding birth records, go to the Internet site listed below and type "birth records" into the search field, designate the appropriate state, then click on "SUBMIT." <http://www.firstgov.gov/>

Persons in the U.S. who need a copy of a non-U.S. birth record should contact the Embassy or the nearest Consulate of the country in which the birth occurred. Addresses and telephone numbers for these offices are listed in the U.S. Department of State Publication 7846, "Foreign Consular Offices in the United States," which is available in many local libraries. Copies of this publication may also be purchased from the U.S. Government Printing Office, Washington, DC 20402. Such proof-of-birth records must meet the criteria for acceptable proof listed above.

## HOW TO OBTAIN A "STATEMENT IN LIEU OF ACCEPTABLE PROOF OF BIRTH"

When an "Acceptable Proof of Birth" as described previously is not available, then the appropriate number of items in EACH of these FOUR groups are required so that the participant may obtain a "Statement in Lieu of Acceptable Proof of Birth," which is required for such a participant to be eligible for regular season or tournament play:

Group 1 – Any one (1) of the following, provided the date of birth is listed: a naturalization document issued by the United States Department of Justice; photocopy of birth certificate; original birth certificate or government record of birth if not containing a filing, recording, registration, or issue date within one (1) year of the date of birth; passport;

PLUS...

Group 2 – Any two (2) of the following, provided the date of birth is listed: Baptismal Certificate; Certificate of Blessing; Certificate of Dedication; Certificate of Circumcision; or any other religious-related certificate; Hospital Certificate; School Record (must be dated, and date of issue must be at least two years prior to current season); Social Security document; Welfare Department document; adoption record. Any item in this group must be an original document, not a copy;

PLUS...

Group 3 – Any two (2) of the following: A written, signed and notarized statement from...

... the doctor who delivered the child;

... a hospital administrator where the child was delivered;

... the principal or headmaster of the school the child attends;

... a Social Worker with personal knowledge of the child's date of birth;

... a Priest, Rabbi, Minister, Mullah, or other titled religious figure with personal knowledge of the child's date of birth;

... the child's pediatrician or family doctor.

**NOTE:** In each statement in Group 3, the writer must describe his/her responsibilities or his/ her relationship to the child, and must attest to his/her personal knowledge that the child was born on the date claimed;

PLUS...

Group 4 – A written, signed and notarized statement from one or both parents, or the legal guardian (as appointed by a court of jurisdiction), attesting to the date of birth claimed.

The league president will forward the above documentation to the District Administrator (or, if the team is traveling, the Tournament Director). If in the opinion of the District Administrator, such evidence is satisfactory, a "Statement In Lieu of Acceptable Proof of Birth" will be issued. This statement will be acceptable proof of age from that point forward, throughout the child's Little League experience, provided all the information submitted is accurate. (Note:

If the District Administrator is unable to review the documents, they may be submitted to the appropriate Regional Headquarters.)

**NOTE:** Situations where players use the name of an adopting family or the name of the family with whom they live, but whose births are recorded under the surname of the natural father or mother, will be handled as follows: The president of the league will obtain from the parents or guardian a document that qualifies under Proof-of-Age Requirements, as well as a copy of the adoption papers (if the player has been legally adopted. If the player was not adopted, a notarized statement from the mother and/or father or legal guardian (as appointed by a court of jurisdiction), saying that the player living under one or the other of their surnames is the same player for whom the birth certificate was issued) is also required.

These documents will be submitted to the District Administrator. If the documents are found to be acceptable, a "Statement in Lieu of Acceptable Proof of Birth" will be issued and all original documents returned. The information submitted will be kept confidential.



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

### if parent(s)/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: \_\_\_\_\_

## 2018 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	4
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	5
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	6
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	7
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	8
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	9
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	10
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	11
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	12
				2005	2005	2005	2005					12
2005	2005	2005	2005					2004	2004	2004	2004	13
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	14
2003	2003	2003	2003	2003	2003	2003	2003	2002	2002	2002	2002	15
2002	2002	2002	2002	2002	2002	2002	2002	2001	2001	2001	2001	16

**NOTE:** This age chart is for **BASEBALL DIVISIONS ONLY**, and only for 2018.



# 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.

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Parent/Guardian Signature



# Little League® Volunteer Application -2018

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 \_\_\_\_\_

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

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) involving or against a minor?: 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 background check(s) on me now and if 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):

Sex Offender Registry  Criminal History Records  \*First Advantage

*\*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 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 application.**