



South Brandon Little League

Official Player Registration



PLAYER INFORMATION [PLEASE PRINT]

Baseball Softball

Player Name: _____ Birthdate: _____ Boy Girl

Address: _____ City/Zip: _____

Parent/Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Parent/Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

CONSENT

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 South Brandon 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 understand that parents are expected to perform service in the League's concession stand for a minimum of two (2) scheduled shifts for each registered child during the season.**
4. I/We agree to return upon request any equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
5. 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.
6. 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.
7. 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.
8. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent/Guardian Signature

Date

FOR LEAGUE USE ONLY [TO BE COMPLETED BY A BOARD MEMBER]

Registration Fee:	\$ _____	Spring <input type="checkbox"/> Fall <input type="checkbox"/>	LEAGUE AGE: _____
Misc:	\$ _____	DIVISION: Tee Ball <input type="checkbox"/> Farm <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>	
TOTAL DUE:	\$ _____	NOTE: SBLL only provides a shirt/hat for the Fall season.	
TOTAL PAID:	\$ _____	SHIRT SIZE: YS YM YL AS AM AL AXL A2XL A3XL	
BALANCE DUE:	\$ _____	PANT SIZE: YS YM YL AS AM AL AXL A2XL A3XL	
		CASH <input type="checkbox"/>	CHECK: <input type="checkbox"/> # _____ CREDIT CARD <input type="checkbox"/>

FORMS NEEDED: Birth Cert.: Y / N 3 Proofs of Res.: Y / N Has II(d) Waiver: Y / N Needs II(d) Waiver: Y / N
 Medical Release Forms (2 County/1 LL): Y / N Code of Conduct: Y / N Concussion: Y / N

LEAGUE VOLUNTEER: Volunteer Form: Y / N Copy of Driver's License: Y / N Coach Certification: Y / N



Little League® Baseball and Softball M E D I C A L R E L E A S E



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:

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.

**Department of Parks, Recreation and Conservation
Hillsborough County, Florida**

INFORMED CONSENT/GENERAL RELEASE – YOUTH SPORTS PARTICIPANTS

This is a release of liability. Please read carefully before signing.

Since participation in youth sports activities can be dangerous, Hillsborough County requires all participants [and their adult parent(s) or guardian(s)] to assume all risks associated with youth sports by signing this general release.

For and in consideration of my child being permitted to participate in HILLSBOROUGH COUNTY youth sports activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in youth sports activities during play and while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, HILLSBOROUGH COUNTY, its officers, employees and agents, the **SOUTH BRANDON LITTLE LEAGUE**, its officers and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports camp/clinic activities, even though that liability may arise out of negligence or carelessness on the part of HILLSBOROUGH COUNTY, its officers, agents or employees and the **SOUTH BRANDON LITTLE LEAGUE**, its officers and agents.

I further understand that serious accidents occasionally occur during youth sports activities, and that participants occasionally sustain serious personal injuries, death or property damage as a consequence thereof. Knowing the risks, I have voluntarily applied for my child to participate in the activity and thereby agree to assume those risks to release and hold harmless HILLSBOROUGH COUNTY, its officers, employees or agents and the **SOUTH BRANDON LITTLE LEAGUE**, its officer and agents used for the activity, who (through negligence or carelessness) may otherwise be liable to me or to my child (or my heirs or assigns) for damages.

I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators and assigns.

I further agree to indemnify and to hold harmless HILLSBOROUGH COUNTY, its officers, employees and agents and the **SOUTH BRANDON LITTLE LEAGUE**, its officers and agents from any loss, liability, damage, cost of expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity.

I agree to comply with the program's stated and customary terms and conditions for participation according to **SOUTH BRANDON LITTLE LEAGUE**. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

I have read this *Informed Consent/General Release*, fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily.

Signature of Parent: _____ Date: _____

Address: _____ City: _____ Zip: _____

This document is a Release of Liability which affects the rights of you and your child.
Please read the document carefully before signing.

I have read this *Informed Consent/General Release* and I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(To be signed by players who are League Age 12 and older.)

Name of Participant (Print): _____ Date of Birth: _____

Participant's Signature: _____ Date Signed: _____

Team Name: _____

SBLL Informed Consent About Concussions and Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires that the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death

What is a Concussion?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body with causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other, or obstacles such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head; and
2. Any change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall

Signs and symptoms that may be reported by the player:

- Headache or pressure in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at: <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition, a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter 458, Florida Statutes) a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: _____

Signature: _____ **Date:** _____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Player/Legal Guardian Name: _____

Signature: _____ **Date:** _____

Sport Parent of Code of Conduct

We, the **South Brandon 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 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 multiple game suspensions, 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

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 booking and taunting, refusing to shake hands, or using profane language.

7. I will not encourage any behavior 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 ones 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.

Parent/Guardian Signature

Date

South Brandon Little League

Concession Stand Duty Contract

A League's concession stand is their main fundraiser during each season.

A successful concession stand is dependent on the efforts of many volunteers, as an undertaking of this magnitude cannot be taken on by only a few people.

Therefore, each season South Brandon LL enlists the support of all families to assist us in making our concession stand successful. Proceeds from concessions will help offset SBLL fees for insurance covering all players, coaches, and volunteers, purchasing new equipment, field maintenance, umpire fees, as well as assisting with payment of team expenses--all in an effort to keep the cost of playing Little League at South Brandon Little League to a minimum.

Your concession duty contribution is an important part of keeping our complex and fields in good condition.

Keep in mind that four parents from the same team will be scheduled per shift. Your child's game will not start until all four workers have reported to the concession stand for duty. Failure to meet the required shifts may result in your child not being eligible to participate in his/her scheduled game.

Thank you for your cooperation.

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As a South Brandon Little League parent, it is my understanding that:

- I am required to work a minimum of two scheduled shifts in the concession stand, per child registered during the Spring Season;
- These shifts will be scheduled during my child's game(s).

Date _____

Player Name(s) _____

Parent/Guardian Signature _____