

PO Box 766
 Olivehurst, CA 95961
 (530) 681-3177



Rebecca Canada, President
 Doug Ridley, Vice President

_____ **Child's Full Name** as it appears on **Birth Certificate** **M F**
 _____ Gender _____ Birth Date _____ Nick Name

_____ Street Address _____ City _____ ZIP _____ Home Phone

_____ School _____ Grade _____ Parent E-mail Address

_____ Father's Name _____ Address _____ Business Phone _____ Cell Phone

_____ Mother's Name _____ Address _____ Business Phone _____ Cell Phone

**Please list siblings living in same household along with age and division to help with placement of teams and drafting.
 There is no guarantee that your children will be placed or drafted on the same team but the league will do its best.**

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

Please Check Division your child will be in and circle shirt size

- _____ T-Ball (Age 5-6) _____ Coach Pitch Softball (Age 7-8)
 _____ Coach Pitch Baseball (Age 7-8) _____ Minor Softball (9-10)
 _____ Minor Baseball (Age 9-10) _____ Major Softball (Age 11-12)
 _____ Major Baseball (Age 11-12) _____ Jr. Softball (Age 13-14)
 _____ Jr Baseball (Age 13-14) _____ Sr. Softball (Age 15-16)
 _____ Sr. Baseball (Age 15-16) _____ Challenger (Age 5-18)

Shirt Size (Please Circle One)					
Youth S M L					
Adult S M L XL XXL					

By signing the bottom of this registration I the parent/guardian of _____, do hereby authorize my child to be treated by a Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Insurance Carrier: _____ Policy #: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

In case of emergency and I am not able to be reached please contact: _____
 _____ Name _____ Phone _____ Relationship
 _____ Name _____ Phone _____ Relationship

_____ I hereby give my consent to Olivehurst Linda Little League to use my child's photo in league displays, www.playolll.org, or in the newspaper.

_____ I do not give permission to have my child's photo used in league display, www.playolll.org, or in the newspapers.

I/We the parent/guardian(s) of the above named minor child, do hereby give my/our approval to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child. I/We agree to provide a certified birth certificate of the above minor child to League Officials upon request.

All statements made herein, to include oral statements made to OLLL registration personnel concerning the residency of the player names herein, are true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

*****LEAGUE USE ONLY*****

Registration Fee	
\$ _____	Cash Check
_____	Waiver Contract Child Sponsor

Birth Certificate	
Yes	No
# _____	

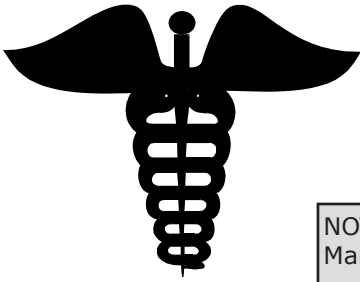
Proof of Residency	
Yes	
No	

Medical Release	
Yes	
No	

Official League Age: _____ **Division:** _____ **Team Assigned:** _____

Registration accepted by: _____ Date: _____

 League Official Signature



Little League[®] 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.

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.

Parent/Guardian Signature



Snack Bar Survey

The snack bar at Olivehurst Linda Little League is one of leagues biggest ways to raise money to support the league to purchase equipment, uniforms, maintain the playing fields, pay utilities and help keep the cost of registration as low as possible. In years past finding volunteers to help with the snack bar has not always been easy. This year we would like to make it easier by asking the parents for their suggestions on how we, the board can make it better. OLLL would greatly appreciate your input on Snack Bar. Please take a few minutes to complete the following survey and return with your child's registration.

1. How many of your children played for OLLL last season? _____
2. Last season, how many times did you work in the snack bar for your child(ren's) team?

3. If your child was playing at 5:30 would you prefer to work the snack bar at 7:30?
 Yes No
4. If you child was playing at 7:30 would you prefer to work the snack bar at 5:30?
 Yes No
5. Would you prefer to work the on a day that your child is not playing? Yes No

If you check Yes, please understand this will be difficult to schedule if you have more than one child playing.

6. Would you be interested in a Buy-Out? A Buy-Out is when parent/manager/team pays up to \$75 (amount determined by the league) for each shift in exchange for not working the Snack Bar.
 Yes No
7. If a parent/manager/team did not show up for their shift, what do you think the consequence should be?
 Close the Snack Bar
 Suspend the manager of that team for one game
 Other: _____
8. What are some other options the league could look into for getting parents to work the Snack Bar?

Thank you for completing this survey! Your input is important to us!

2008 OLLL Board