

Rebecca Canada, President
Esedore Gonzales, Vice President



PO Box 766
Olivehurst, CA 95961
www.playolll.org
742-7949

January 16, 2009

Dear OLLL Parent,

OLLL is currently holding registrations on Tuesday, January 20th from 6pm-8pm; Saturday, January 24th from 11am-2pm and Thursday, January 29th from 6pm-8pm and Tuesday, February 3rd from 6pm-8pm. Registration dates will be held at Neighbor's Pizza, 1957 McGowan Parkway in Olivehurst. Registration is open to all players in all divisions.

- **Please bring the child's original birth certificate, 3 proofs of current residency and payment for registration. Players are not registered until all the information has been received.**
- **Only the parent or court ordered legal guardian may sign any Little League documentation including registration and medical release form. You must bring a copy of the court order. This will affect TOC's and All Stars. We will keep the copy on file.**
- **If you have moved out of the OLLL boundaries and would like to continue playing with OLLL, you must bring 3 proofs of the OL residency. The 3 proofs will be submitted with a waiver to District 2. The approval or denial of the waiver is solely the decision of District 2.**
- **The last day to register is Wednesday, February 11, 2009 by 6pm.**
- **If you are interested in managing a team, you must submit a volunteer form, copy of your driver's license, \$3 membership fee by Tuesday, February 3rd by 8pm. Managers are appointed by the President. Selection is not based on tenure.**

TRYOUT INFORMATION

If your child will remain in the **Minor Player Pitch Division** or if your child is moving up to the next **Division (Coach Pitch to Player Pitch, Player Pitch to Majors, Majors to Juniors)**, he/she will need to attend 50% of the offered try outs.

If your child **played in the Major or Junior Division last season and will NOT be moving to the next division and would like to remain on the same roster** he/she will need to register by **Wednesday, February 11th, 2009 by 6pm** in order to keep their property player status. If they do not register by this date and time your child will be released from the roster and placed in the draft for any manager to select.

TRYOUT DATES & TIME

On **Saturday, February 7th, 2009** we will hold a **registration** in the morning before tryouts at OLLL from **8:00 AM to 10:00 AM**. After **10:00 AM the registration table WILL be closed** and you will only be able to pick up the registration packet to complete and return on either **Monday, February 9th** for **Minor Softball, Major Softball, and Junior Baseball** or **Tuesday, February 10th** for **Minor Baseball, Major Baseball or Junior Softball**. Please review the below chart closely for your child's tryout date and time.

Date	Time	Age
Saturday, February 7th, 2009	11:00 AM	9
	12:00 PM	10
	1:00 PM	11
	2:00 PM	12
	3:00 PM	13
	4:00 PM	14
Monday, February 9th, 2009	6:00 PM	9 & 10 Softball
	6:00 PM	Junior Baseball
	7:00 PM	11 & 12 Softball
Tuesday, February 10th, 2009	6:00 PM	9 & 10 Baseball
	6:00 PM	Junior Softball
	7:00 PM	11 & 12 Baseball

League Contact Info:

Baseball: Kathy Day – 844-1721 Softball: Stephanie Bolton – 713-5606

Thank you,

Rebecca Canada, President
Olivehurst Linda Little League

WHAT IS NEEDED FOR SIGN-UPS?

1. COMPLETED REGISTRATION PACKET
(Registration Form, Medical Release, Parent Code of Conduct)
2. ORIGINAL BIRTH CERTIFICATE
3. THREE OR MORE PROOFS OF RESIDENCY

PROOF OF RESIDENCY

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) resides within such boundaries. It is unacceptable if a parent moves into a league's boundaries for the purpose of qualifying for tournament play.

Residence shall be established and supported by documents from **THREE OR MORE** of the following categories to determine residency of such parent(s) or guardian:

1. Driver's License
2. Voter's Registration
3. School records
4. Welfare/child care records
5. Federal records
6. State records
7. Local (municipal) records
8. Support payment records
9. Homeowner or tenant records
10. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
Please Note: Three utility bills (three items from No. 10 above) constitute only **ONE** document.
11. Financial (loan, credit, investments, etc.) records
12. Insurance documents
13. Medical records
14. Military records
15. Internet, cable or satellite records
16. Vehicle records

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League Use Only
Try Out # _____
Entered Into System: _____

_____ **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 _____

Mother/Legal Guardian Name _____ Address _____ Main Contact Phone _____ Business Phone _____

Father/Legal Guardian Name _____ Address _____ Main Contact Phone _____ Business Phone _____

Please mark who child resides with: Parents Mother Father Legal Guardian

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.

Name	Relationship	Age

Name	Relationship	Age

PLEASE INDICATE WHICH DIVISION YOU ARE REQUESTING

Any player wishing to be considered for a division other than their league age division must attend and participate in 50% of the offered tryouts and score a 15 out of 25 possible points, scoring the 15 points or more does not guarantee your child will be moved up to the requested division.

Exception: ALL league age 5 year olds must play T-Ball.

<input type="checkbox"/> T-Ball (Age 5-6) <input type="checkbox"/> Coach Pitch Baseball (Age 7-8) <input type="checkbox"/> Minor Baseball (Age 9-10) <input type="checkbox"/> Major Baseball (Age 11-12) <input type="checkbox"/> Jr Baseball (Age 13-14) <input type="checkbox"/> Sr. Baseball (Age 15-16)	<input type="checkbox"/> Coach Pitch Softball (Age 7-8) <input type="checkbox"/> Minor Softball (9-10) <input type="checkbox"/> Major Softball (Age 11-12) <input type="checkbox"/> Jr. Softball (Age 13-14) <input type="checkbox"/> Sr. Softball (Age 15-16) <input type="checkbox"/> Challenger (Age 5-18 Combined Baseball & Softball)
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Shirt Size (Please Check One): **YOUTH** S M L XL **ADULT** S M L XL XXL

Photo Release (Please Initial)

_____ 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/Legal Guardian: _____ Date: _____

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

Registration Fee	
\$ _____	Cash Check # _____
<input type="checkbox"/> Waiver Contract	<input type="checkbox"/> Child Sponsor

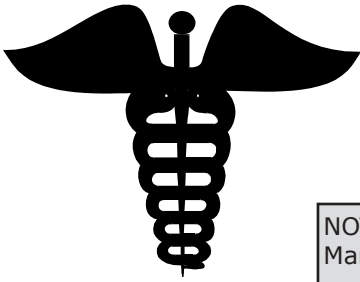
Birth Certificate	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
# _____	

Proof of Residency	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical Release	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Registration accepted by (League Official's Signature): _____ Date: _____



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.



Little League 10 Commandments

1. I shall not criticize the umpire unless ready to assume his duties.
2. I shall not complain about anyone unless I have labored more hours on Little League programs than they have.
3. I shall not be a grand stand manager.
4. I shall remember that only nine team members can play at any one time.
5. I shall set an example of sportsmanship for my child to follow.
6. I shall not be critical unless willing to put out the necessary effort to correct my criticism.
7. I shall remember that all managers, coaches, team moms, officers, directors and umpires are volunteer workers.
8. I shall remember that all officers and other personnel must earn a living and can not work on Little League full time.
9. I shall offer my services for work whenever possible.
10. I shall encourage my child to follow the Little League Pledge.

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