THE CITY OF Edinburg Little League
Player Registration Form

Player's Legal Birth Name
(First, Middle. Last) _____ Date of Birth _____ Siblings: ☐ Yes ☐ No

Age: _____Gender: ☐ Male ☐ Female League Fee:_____ ☐ Baseball ☐ Softball

Address: _____ State:_____ Zip:_____

School Name: _____

Home Phone: _____ Cell Phone: _____

T-Shirt Size: ☐YS ☐YM ☐YL Last Year's Team Name: _____ Division: _____

☐AS ☐AM ☐AL ☐AXL American League: _____ National League: _____

Divisions: 4yr Summer Season(Parental Involvement) ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ 11-12 ☐ 13-14

Parent 1 Name	**Parent 2 Name**
Phone/Cell Phone	**Phone/Cell Phone**
Email	**Email**
Address ☐ **Same as Above**	**Address** ☐ **Same as Above**
Interested Volunteers: **P.1** ☐ **Manager** ☐ **Head Coach** ☐ **Asst Coach** ☐ **Team Parent** **Please fill out "Volunteer Application" and check the box** **P.2** ☐ **Manager** ☐ **Head Coach** ☐ **Asst Coach** ☐ **Team Parent**	

Medical Information		
Emergency Contact	**Other**	**Phone**
Relationship to Player		
Insurance Carrier		**Policy**

1. I/We, the parents 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 prevail all injuries to players, and do hereby waive, release, absolve, indemnity, and agree to hold harmless the local City of Edinburg 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 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.
4. 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 can be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
5. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

For additional information, please visit our website: http://edinburg.recdesk.com

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

Original Birth Certificate Verified By: _____ **Document #:** _____

Amount Paid: $ _____ ☐ **Cash** ☐ **Money Order** ☐ **Credit Card** ☐ **Check #** _____

Verified By: _____

Notes: _____

City of Edinburg Little League USE ONLY	
Birth Certificate ☐ Yes ☐ No	Proof of Residency ☐ Yes ☐ No
Medical Release Form ☐ Yes ☐ No	Waiver Needed? ☐ Yes ☐ No
Level Assigned	Team Name

White Copy - Office Yellow Copy - Coach Pink Copy - Parent

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:_____ 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.

Athletic Parent Code of Conduct

We, the City of Edinburg – Parks & Recreation Department, have implemented the following Athletic 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.

I therefore agree:

- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will learn the rules of the game and the policies of the league before being critical of any and all rules.
- 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.
- 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.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players,
- coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- 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.
- I will praise my child for competing fairly and
- trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child or other
- participants for making a mistake or losing a competition.
- 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.
- I will promote the emotional and physical wellbeing
- of the athletes ahead of any personal desire I may have for my child to win.
- 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.
- 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.
- 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