



SMNLL Registration Checklist 2020

Welcome to San Marino National Little League's 2020 Spring Season! In order to complete your registration and prepare for the start of the season, please complete the appropriate forms (attached) on the checklists below. Your child will not be placed on a team / allowed on a field without the appropriate forms being completed. If you have any questions, please contact the Registrar at registrar@smnll.org.

For players/families returning to SMNLL:

1. Please **Volunteer** for a position! This season, we will again be using Little League's official background check provider, JDP, to streamline the process and keep your information as private as possible. Please enter your information in the volunteer section of the registration process and you will receive an email invitation to process your background check electronically.
2. Fill out **Medical Release Form** and give to manager at first practice
3. Read the attached **Concussion** and **Parent Conduct** forms

For players/families new to SMNLL:

All new Little League players must provide documents to the Registrar verifying their birthdates and establishing SMNLL eligibility. SMNLL eligibility comes from either living within SMNLL boundaries (enter your address at <https://www.littleleague.org/play-little-league/league-finder/>) to check) or attending school within the boundaries.

1. **Birth Certificate** (upload in registration process, return at evaluations, or scan and email to registrar@smnll.org)

AND

- 2a. **Eligibility verification docs** (upload in registration process, return at evaluations, or scan and email to registrar@smnll.org)

- One from each of three categories of documents demonstrating residency within SMNLL boundaries:

GROUP ONE	GROUP TWO	GROUP THREE
1. Driver's License	1. Welfare/child care records	1. Voter's Registration
2. School records	2. Federal records (Federal Tax, Social Security, etc.)	2. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
3. Vehicle records (i.e., registration, lease, etc.)	3. State records	3. Financial records (i.e. loan, credit, investments, etc.)
4. Employment records	4. Local (municipal) records	4. Medical records
5. Insurance documents	5. Support payment records	5. Internet, cable, or satellite records
	6. Homeowner or tenant records	
	7. Military records	

OR

- 2b. Proof of school attendance within San Marino (have Principal sign the attached **School Enrollment** form)
3. Please **Volunteer** for a position! Please enter your information in the volunteer section of the registration process.
4. Fill out **Medical Release Form** and give to manager at first practice
5. Read the attached **Concussion** and **Parent Conduct** forms

SMNLL Registration Q&A

Q: Is my player eligible for SMNLL?

A: SMNLL eligibility comes from either living within or attending school within the League boundary, which includes San Marino and part of San Gabriel. Enter your address at <https://www.littleleague.org/play-little-league/league-finder/> to determine your eligibility. Eligibility is strictly enforced and waivers are only available for players that have moved out of the district or have had siblings play in SMNLL.

Q: When are practices and games? Can I request a certain practice time?

A: T-Ball and Pitching Machine games are typically held once a week on Saturdays, with one practice during the week at a time determined by the manager. Competitive divisions (Farm and up) typically play 1-2 games a week and practice 1-2 times a week, at various times. Given the complexity of forming teams, SMNLL is unable to take practice time requests.

Q: How much does registration cost?

A: Registration for T-Ball and Pitching Machine costs \$150 per player, plus a \$25 jersey fee. Registration for competitive divisions costs \$200 before December 21st and \$235 afterwards, plus a \$25 jersey fee. The league also charges a \$50 per family field maintenance fee.

Q: When does registration close?

A: Registration for competitive divisions will close on Friday, January 17th, prior to the second evaluation session. Registration for T-Ball and Pitching Machine will close in mid-February.

Q: What division is appropriate for my player?

A: A player's age will generally determine the division in which he/she will play. Players in need of additional development may be assigned to a lower division, while occasionally a player may "play up" if drafted to a higher division. Please see the division details at <https://tshq.bluesombrero.com/Default.aspx?tabid=1474955> and/or email registrar@smnll.org with any questions.

Q: Can I request a team or manager?

A: T-Ball and Pitching Machine players can request teammates or coaches in the registration process. Teams in competitive divisions are formed using a draft process, and thus do not accept team/coach requests.

Q: When does the season start?

A: Competitive divisions start practicing and pre-season games in late January and T-Ball/Pitching machine teams start in mid-to-late February. Opening Day will be Saturday, February 22nd.

Q: How can I volunteer?

A: SMNLL needs your help managing/coaching, setting up fields, and in other roles! Please sign up for a volunteer role during the registration process and the League will contact you with additional information. This season, we will be using Little League's official background check provider, JDP, to streamline the process and keep your information as private as possible. Please enter your information in the volunteer section of the registration process.

Q: Who should I contact if I have additional questions?

A: Please contact the registrar at registrar@smnll.org.



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: 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.
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.

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in 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
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

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



Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: _____

League ID#: _____

Player/Student Name: _____

Date of Birth: _____

Division: (Check One)	<input type="checkbox"/> Baseball	Level: (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> LL (Majors)	<input type="checkbox"/> Junior
	<input type="checkbox"/> Softball		<input type="checkbox"/> Minors	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior

Parent/Guardian Address: _____
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

To be filled out by School Administrator, Principal, or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Print School Name)

_____; _____ hereby verify that
(Physical Address) (School Phone Number)

_____ has enrolled and is attending the above named school for the _____
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of _____
(Date)

(Signature)

(Date)

Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.