

2018 CLL Spring Player Application

Registration #

Division



PLAYER INFORMATION *Please circle one:* BASEBALL SOFTBALL COACH PITCH TEEBALL

 Player's First Name Player's Last Name / / League Age

 Player's Street Address City State Zip

Waiver needed

YXS YS YM YL AS AM AL AXL

Hat/Visor size: Adult / Youth

****Please circle a jersey size and be as accurate as possible to avoid being charged for an additional uniform**

Name of School _____

City _____

PARENT/GUARDIAN INFORMATION *** Check the box next to your preferred phone number***

 Father's Name () ()
 Home Phone Cell Phone

 Mother's Name () ()
 Home Phone Cell Phone

ANY RESTRICTIONS (HEALTH OR PHYSICAL) YES NO

IF YES PLEASE EXPLAIN: _____

Email Address: _____

VERIFICATION

****MY SIGNATURE BELOW INDICATES THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE****

 SIGNATURE

 DATE

FOR OFFICIAL USE ONLY

BIRTH CERTIFICATE YES NO OTHER PROOF OF BIRTH DATE _____

PROOF OF RESIDENCE YES NO BOARD MEMBER SIGNATURE _____

PAYMENT YES NO Cash Check # _____ SCH. YES NO

Paid Amt. \$ _____ **Balance** _____
 _____ **of** _____

Siblings in Same Division Name _____

Manager or Coaches Kid
 Request _____
 Objection on File

ALL STAR AGREEMENT

CLARKSVILLE LITTLE LEAGUE

CLARKSVILLE LITTLE LEAGUE PARTICIPATION POLICY

- Players and coaches must commit to 100% participation.
- 100% participation is defined as the following;
 - Players and coaches must commit to attending every practice called by the coach.
 - Players and coaches must commit to attending every game scheduled.
 - Players and coaches must make this commitment for the duration of the time that the team is involved in All Star tournament play.
 - Coaches may not call “non-mandatory” practices. Practices will include all players and coaches or there will be no practice.
- Exceptions to the “non-mandatory” practice rule are as follows:
 - Practices called for the specific purpose of working with a particular group of players (ie, pitcher/catchers, infielders, or outfielders)
- Exceptions to the 100% rule are as follows:
 - A death in the family that requires the player or coach to miss a scheduled practice or game.
 - An illness or injury that requires the player or coach to miss a scheduled game. This illness or injury must be documented by a proper physician’s note.
 - Players and coaches may exercise one (1) absence per any 7-day period without penalty up to the first scheduled game.
 - Any custody issue, such as visitation, which is deemed unavoidable and documented by proper paperwork.
- Parents, players, and coaches will be required to sign a written statement attesting to their commitment to the 100% rule before being considered for All Star eligibility and prior to the commencement of any All Star draft.
- Any coach or player violating the adopted rule on All Star eligibility **will not** be eligible for All Star participation during the next season.
- Any coach or player who quits or is otherwise removed from the team before the official conclusion of the All Star season **will not** be eligible for All Star participation during the next season.
- Depending on the League’s financial situation at the end of the regular season, a fee of \$20 - \$40 may be applied for participation in the All Star tournament. This fee will be used for uniforms, patches and team charters.

PARENTS PLEASE READ:

Please check one (1) of the following options:

YES, I have read the above policy on All Star participation and agree to the terms of the agreement. I would like for my child to be eligible for selection during the All Star draft.

NO, I do not want my child to be considered for All Star participation.

Parent Signature

Date

**Checking “yes” does not guarantee that your child will be drafted for All Star play. Coaches will meet following the conclusion of the regular season to draft All Star participants.



LITTLE LEAGUE BASEBALL INCORPORATED
PARTICIPATION WAIVER

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 the local 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 agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
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 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 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.
6. 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent Signature

Date

Player Name/Division

Player Name/Division

Player Name/Division

Player Name/Division

Clarksville Little League

KEEPING KIDS FIRST!

2018

2018

GOOD SPORTSMANSHIP AGREEMENT

Dear Parent;

First, let us take this opportunity to thank you for entrusting your sons and daughters to us this year. We are looking forward to an exciting and fun-filled season of baseball. This letter is to remind you of the league's policy regarding un-sportsmanlike behavior involving players, managers, coaches and spectators.

In 2001 the Little League Board of Directors voted to put into place a policy that will ensure that the environment at the baseball field remains "kid friendly" at all times. In the official Little League rule book, **RULE 4.06 states, "no manager, coach or player shall at any time, whether from the bench, playing field, or elsewhere;**

- 1) ***incite or try to incite, by word or sign, any demonstration by spectators;***
- 2) ***use language which will in any manner refer to or reflect upon opposing players, managers, coaches, umpires, or spectators;***
- 3) ***make any move calculated to cause a pitcher to make an illegal pitch;***
- 4) ***take a position in the batters line of vision, with deliberate intent to distract the batter.***

The Clarksville Little League By-Laws also state: ***Parents and spectators should:***

- 1) ***Cheer for your child's team, but refrain from harsh and abusive language toward your child, other players, managers, coaches, spectators, and league officials.***
- 2) ***Refrain from the use of profanity including use by players, managers, coaches, and spectators. Use of profanity is not consistent with the proper principles of good conduct.***
- 3) ***Clarksville Little League Park is a public park and the use of alcoholic beverages and illegal drugs is strictly prohibited. Proper authorities should be notified if use is suspected.***

The Little League Board of Directors considers these problems to be serious and will not tolerate them. Failure on the part of parents, players or spectators to show good sportsmanship may result in their being asked to leave the park. The Clarksville Little League reserves the right to restrict access to anyone. Please take time to talk with your child about good sportsmanship and the benefits it has on sound, fair competition.

All formal complaints must be made in writing with an accompanying signature. These should be given to either Don Kidwell, League President or Mike Stevens, Player Agent. These complaints will be reviewed and acted upon within 24 hours of receipt. Please be assured that your complaint will remain confidential to the Little League Board of Directors on a "need to know" basis. Verbal complaints will be heard and dealt with on a "case by case" basis.

Last you will find an acknowledgement stating you and your child have read the above information. Please sign on the appropriate line and return it to a league official as part of your sign-up procedure.

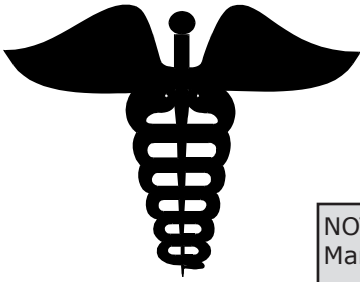
Thanks again for all of your support and have a great season.

I have read the above information and am familiar with the League's standing on good sportsmanship.

Parent Signature

Player Name/Division

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.