



Tanque Verde Little League

Spring 2019 Form Checklist

Tanque Verde Little League: www.tvllb.org

1. Forms that need to be completed and turned in to coach prior to first practice.

All forms are downloadable from the website: [Forms for 2019 Spring Ball](#)

Required	Proof of Residency Requirements	School enrollment form or 3 items (one from each group)
Required	Medical Release	
Required	Parental Code of Ethics	
Required	Player & Parent Code of Conduct	
Optional	Volunteer Application	For coaches, managers, team parents or anyone expected to be on the field on behalf of a team. Information provided will go through a background check
Optional	Infield Exception Form	Use this ONLY if you don't want your player to play infield positions

2. Birth Certificate

- a. Optional: Upload each player's birth certificate to the website by logging in and editing the player info. There is a button to upload birth certificates.
- b. Required: If your player is chosen to play in All Stars post-season tournament, then you will need to provide ORIGINAL birth certificate at start of tournament. (it will be checked and given back to you)



School Enrollment as Residency:

Report Cards and Progress Reports are NO LONGER ALLOWED to be used as a proof of school enrollment. The only two acceptable forms are: 1. Little League School Enrollment Form, 2. Certified / Official School Enrollment Paperwork dated before October 1st 2018.

Physical Property as Residency:

Requires one proof of residency from three redefined groups: Group 1, Group 2, and Group 3 for a total of three proofs. All proofs of residency need to be from Feb. 1 2018 to Jan 31 2019.

Group 1:

1. Driver's License (photo ID of parent(s) or guardian(s) with qualifying residence address)
2. School records (home address of player's parents or guardians)
3. Vehicle records (i.e., registration, lease, etc.)
4. Employment records
5. Insurance documents (with residence address)

Group 2:

1. Welfare/child care records
2. Federal records (i.e., Federal Tax, Social Security, etc.)
3. State records
4. Local (municipal) records
5. Support payment records
6. Homeowner or tenant records
7. Military records

Group 3:

1. Voter's Registration
2. Utility bills (i.e., - gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
3. Financial records (loan, credit, investments, etc.)
4. Medical records
5. Internet, cable, or satellite television records

All new players must follow the above new requirements.

The only exception is for players that have a completed Tournament Player Verification form with backup documents signed by the DA from a prior year. These players will not be required to resubmit paperwork



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 eligibility 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 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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/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.



Tanque Verde Little League Parental Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by the following this Parents. Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other Tanque Verde Little League events.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all Tanque Verde Little League events.

I will remember that the game is for **YOUTH. NOT ADULTS.**

I will do my best very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy their your baseball/softball experience by doing whatever I can such as being a respectful fan, assisting with coaching, or providing with transportation.

I realize any violation of these rules could affect my participation or my child's participation in the Tanque Verde Little League. Any incident that

I am involved with could result in a meeting with the Tanque Verde Little League Disciplinary Committee.

I understand by signing this code of ethics I agree to all of the above and to the sanctions recommended by the Tanque Verde Little Board of Directors.

Child's name _____

Parent signature _____ Date: _____

Parent signature _____ Date: _____



Tanque Verde Little League PLAYER AND PARENT CODE OF CONDUCT AGREEMENT

Tanque Verde Little League provides a player the opportunity of learning teamwork and sportsmanship while participating in our program. The guiding principle behind this code is that the behavior of everyone involved in TVLL should not detract from the children's enjoyment of the sport of baseball/softball.

PLAYERS AND SPECTATORS

The minimum standard of behavior shall be to:

- Treat opponents with respect, and shake hands after each game.
- Respect the umpires and abide by the rules of the game.
- Accept seriously the responsibility of representing your team and the TVLL program by displaying positive behavior at all times.
- Show good sportsmanship during and after each game.

PENALTIES

- Any player ejected from a game involving a TVLL team, will be suspended for the next game and may be subject to additional penalties and/or permanent suspension from any, or all, TVLL team games during the 2016 season.
- Any player who physically abuses another player, opposing manager or coach, parent, fan or umpire shall be suspended for the remainder of the season and may be subject to permanent disqualification from the TVLL program in the future.
- The Tanque Verde Little League will enforce this Code of Conduct.
- Complaints regarding violations of this code shall first be filed with the Vice President of each division. The Vice President shall then refer the matter to the Board of Directors for action.

Player Signature

Date

Parent Signature

Date

Please Print Player Name Clearly



Little League Volunteer Application - 2018

Do not use forms from past years. Use extra paper to complete if additional space is

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

Do you have children in the program? Yes No

If yes, list full name and what level? _____

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?: Yes No

If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

* First Advantage Sex Offender Registry Data along with National

Criminal Records check of at least 281 million records

** Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

Only attach to this application copies of background check reports that reveal convictions of this application.

TANQUE VERDE LITTLE LEAGUE

INFIELD POSITION EXCEPTION FORM

We, the parents of _____, hereby request that our child NOT be required to play an infield position during this season. We may revoke this request in writing at any time.

Parent Signature Date

Parent Signature Date

Print Name

Print Name

NOTE: Use this form ONLY if you prefer that your child not play in the infield.