



## SPRING 2021 REGISTRATION INFORMATION

As a league we are very excited to be able to get our players back on the field!

Please note, in order to do so, there **must be some changes** to the way we do registration and play. Below is a check list to help you navigate this new way of doing things so we can quickly and safely get ready to welcome our players back to home plate!

Print your registration packet from the North Clark Little League website at [www.northclarkll.com](http://www.northclarkll.com)

Schedule your registration time slot for the *whole family* on sign-up genius. Link will be provided on the registration page of the website.

Fill out all forms of the registration packet. Do not forget to sign!

- Main registration form
- Boundary map: put an X on the map and sign below to verify you are in North Clark boundaries
- Return to Play Rules and Regulations
- Medical Release Form
- Concussion Information
- Code of Conduct
- Photo Release Form
- Volunteer Application
- School Enrollment Form (or you may bring 3 proofs of residency.)

Arrive at North Clark Little League fields to register at your designated time with:

- 3 proofs of residency (if school enrollment form not completed.)
- All forms completed and signed
- Photo ID
- Player(s) Birth Certificate

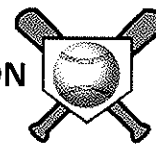
\*If you are unable to print a copy, access sign-up genius, or have questions please contact [webmaster@northclarkll.com](mailto:webmaster@northclarkll.com) or reach us on our Facebook page @northclarkll.\*

We want to make sure everyone who wants to play can and will do what we can to make it happen.

Can't wait to see everyone!



# NORTH CLARK LITTLE LEAGUE REGISTRATION



## PLAYER'S INFORMATION

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Physical Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Player: New:  Returning:  Gender: Male:  Female:

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian #1

Name: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT:

### Contact #1

Name: \_\_\_\_\_

### Contact #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

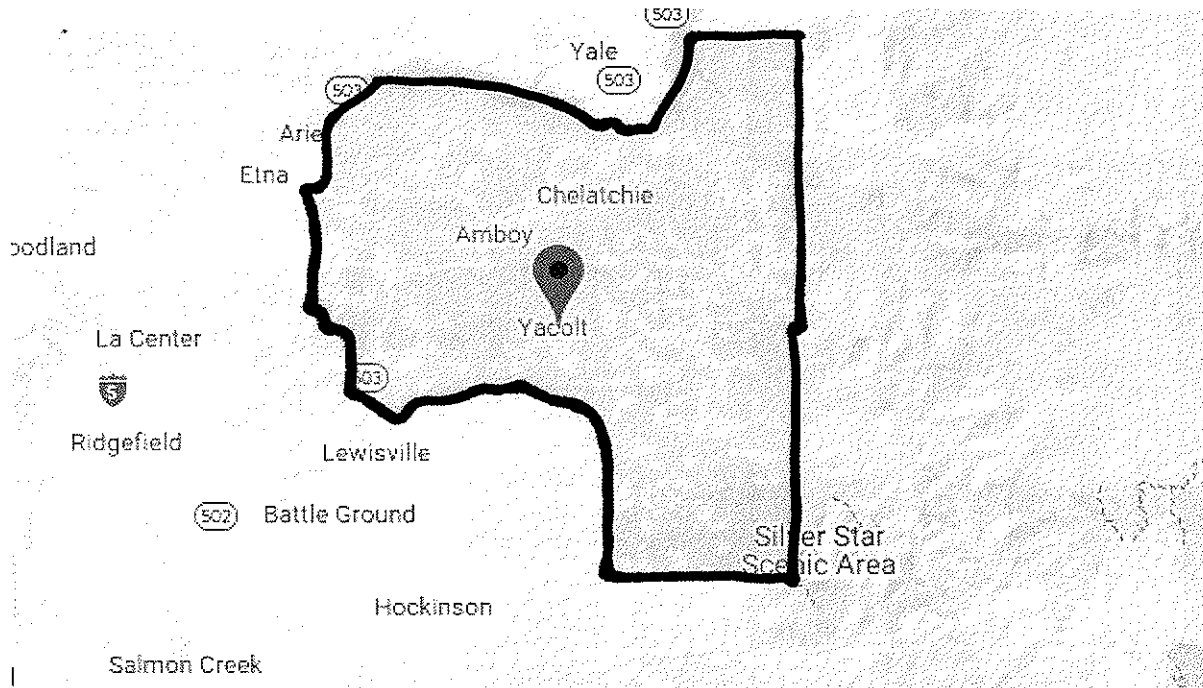
## TERMS AND CONDITIONS

- (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) If applicable, 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 or school enrollment (as defined by Little League Baseball, Incorporated at [LittleLeague.org/residence](http://LittleLeague.org/residence)) and age. I/We understand that our child(candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania 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 Little League International Charter Committee or Little League International 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) If applicable, 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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt-out of communications from Little League International at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTH CLARK LITTLE LEAGUE BOUNDARY MAP

-PLEASE MARK AND SIGN BELOW TO VERIFY YOU ARE WITHIN OUR BOUNDARIES-



SIGNATURE: \_\_\_\_\_

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_

## NCLL Return to Play Plan Rules and Regulations

- By volunteering or registering your player to NCLL, coaches, players, and parents agree to follow all NCLL protocols, policies, and responsibilities.
- Players will be registered, assigned to a team by age and skill, and insured consistent with typical Little League procedures.
- Players will check temperature prior to play and stay home when player is above normal temp, sick, or if in close contact of someone with COVID-19
- Athletes, coaches, umpires/referees, spectators and any other paid or volunteer staff should stay home if they feel unwell, show any signs of COVID-19, or are a close contact of a confirmed case.
- Masks required for all athletes/participants. Coaches, trainers, managers, spotters, and any other volunteer staff must wear face coverings at all times.
- All practices, skill development, and scrimmages will occur within a team. Teams will not be allowed to play other teams unless state restrictions are lifted in the future.
- All activities will be conducted outdoors, since indoor play is not currently permitted. Tournaments or travel will not occur unless state restrictions are lifted in the future.
- Players will be assigned spots along the fence and maintain 6 feet distance off the field when waiting to bat. Limited numbers of players and coaches will be temporarily allowed in dugouts as long as 6 feet between individuals is maintained.
- Physical distance of 6 feet must be maintained between staff, volunteers, and any spectators at all times with exceptions for training and medical personnel and volunteers performing their medical duties. Spectators must maintain physical distance of at least six (6) feet between each person and must wear masks in main common area and when physical distancing cannot occur. Immediate family members may group together.
- Players and Volunteers will wash their hands or use a hand sanitizer. Hand sanitizer will be provided, and balls and bats will be sanitized between play.
- Seating and viewing will occur around fields, bleachers will be temporarily removed.
- No handshakes, fist bumps, or physical contact between players, coaches, and volunteers.
- Concession stand will follow current WA state guidance for restaurants.
- NCLL will keep a roster of every athlete, staff and volunteer present at each practice, training session, and assist with contact tracing in the event of a possible exposure.
- These rules may be updated to follow the most current state and local government guidelines.

-PLEASE SIGN BELOW TO SAY YOU AND YOUR PLAYER UNDERSTAND THE ABOVE-

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_

PLAYER 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 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.

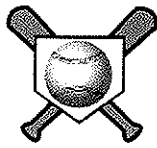
Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date:

**FOR LEAGUE USE ONLY:**

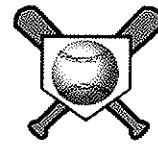
League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

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.



# NORTH CLARK LITTLE LEAGUE CONCUSSION INFORMATION SHEET



A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild-

**All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.**

You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right away or take days to appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs yourself, seek medical attention right way.

### PLAYER MAY NOTICE SYMPTOMS OF:

- Headaches or "pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish, slowed down, drowsy
- Feeling foggy or groggy
- Change in sleep patterns
- Amnesia, confusion
- "Don't feel right"
- Fatigue or low energy
- Sadness, nervousness/anxiety, irritability
- More emotional
- Concentration or Memory Problems
- Repeating the same question/comment

### SYMPTOMS THAT MAY BE OBSERVED:

- Appear dazed, vacant facial expression
- Unsure of game, score, opponent or plays
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can NOT recall events prior to or after hit
- Seizures or convulsions
- Loses consciousness

Athletes with symptoms of concussion should be removed from play immediately. Continuing to play with symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion after the concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first. This can lead to prolonged recovery, or even severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known adolescent athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents, and players is the key for all athlete's safety.

### IF YOUR CHILD HAS OR IS SUSPECTED TO HAVE A CONCUSSION, HE/SHE WILL:

- Be removed from the game/practice
- Will not be allowed to return until medically cleared (regardless of how mild symptoms are)
- Observed closely for several hours

FOR THE MOST UP TO DATE INFORMATION ON CONCUSSIONS VISIT:

[www.cdc.gov/concussions/headsup/youth](http://www.cdc.gov/concussions/headsup/youth)

Player Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_



## CODE OF CONDUCT

### PARTICIPANT'S CODE

#### I WILL:

- Emphasize the ideas of sportsmanship, ethical conduct and fair play.
- Show courtesy to my opponents and officials.
- Recognize athletic contests and serious educational endeavors.
- Give complete allegiance to my coaches who are the instructional authority for my team.
- Discourage fans, fellow teammates and parents from undercutting my coach's authority.

#### I WILL NOT:

- Use profanity or talk "trash" before, during, or after any game.
- Use drugs, alcohol, or tobacco.
- Criticize my teammates.
- Act in any way that may incite spectators.

### PARENT'S CODE

#### I WILL:

- Support my child's team and teach the value of commitment to the team.
- Emphasize the ideals of sportsmanship, ethical conduct, and fair play
- Help my child and Little League make athletic contests a positive educational experience.
- Show courtesy to opponents and officials
- Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.

#### I WILL NOT:

- Criticize officials or use direct abuse, profane language, or otherwise subvert their authority.
- Undermine, in work or deed, the authority of the coach or administration.
- Intrude onto the field, stand on the sideline, or yell from the bleachers to the coaches, umpires, or administration.

### COACH'S CODE

#### I WILL:

- Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.
- Establish and model fair play, sportsmanship, and proper conduct.
- Hold in highest priority the establishment of the child's safety and welfare.
- Provide proper supervision of the athletes at all times.
- Use discretion when providing constructive criticism and when reprimanding the athlete.
- Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played
- Follow the Little League rules of behavior and the procedures for responsible crowd control
- Vigorously encourage and support athletes.

#### I WILL NOT:

- Suggest, provide, or encourage use of nonprescription drugs or substances
- Promote acts that will in any way incite spectators in a negative manner.

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Participants Printed Name

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Participants Signature

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Date

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Parent/Guardian Printed Name

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Parent/Guardian Signature

---

Date



## PHOTO RELEASE FORM

We are proud of our players here at North Clark Little League and would like your permission to use any photographs and/or video recordings we may take in postings such as the newspaper, social media, and/or our website.

Please read below, check the appropriate box, and sign to either give or deny permission to use still or recorded media of your player.

**YES**, as the below signed parent/guardian of the players listed below, do give North Clark Little League permission to use and/or publish photographs and/or videos taken or recorded from events, games, and/or practices in the newspaper, on social media, and/or the North Clark Little League website.

**NO**, I **do not** give permission for photographs and/or videos to be used of my players listed below.

Player's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Little League® Volunteer Application - 2021

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



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/LocalBGcheck](http://LittleLeague.org/LocalBGcheck) for more information.

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

All RED fields are required.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # (mandatory) \_\_\_\_\_  
 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): \_\_\_\_\_

1. Do you have children in the program?  
 If yes, list full name and what level?  Yes  No
2. Special Certification (CPR, Medical, etc.)? If yes, list: \_\_\_\_\_  
 Yes  No
3. Do you have a valid driver's license?  
 Driver's license#: \_\_\_\_\_ State \_\_\_\_\_  
 Yes  No
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_  
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)  
 Yes  No
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)  
 Yes  No
6. Do you have any criminal charges pending against you regarding any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  
 (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)  
 Yes  No

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List?  Yes  No

If yes, explain: \_\_\_\_\_  
 (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

- League Official  Umpire  Manager  Concession Stand  
 Coach  Field Maintenance  Scorekeeper  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: [LittleLeague.org/BgStateLaws](http://LittleLeague.org/BgStateLaws)

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):

Review the Little League Regulation 1(c)9 for all background check requirements

- JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) \*  
 \_\_\_\_\_ OR \_\_\_\_\_

- National Criminal Database check  SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender  
 National Sex Offender Registry

\*Please be advised that if you use JDP 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 or email directly from JDP 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.



# 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)

- Baseball  
 Softball

PHOTOGRAPH REQUIRED

**Level:**  
(Check One)

- Tee Ball  
 Minors  
 LL (Majors)  
 Intermediate

- Junior  
 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.