



Pacwest Little League
14649 16th AVE S.
Seatac, WA. 98168

Date: _____
 Baseball Softball
 Div. Requested _____
 League Age _____
 Previous Division: _____

PLEASE PRINT CLEARLY

APPLICATION TO PLAY

PLEASE PRINT CLEARLY

Player Name: _____
 First Last Lives with: (Father) (Mother) (Both) Other _____
 Sex: M F Date of Birth: _____ Birth Certificate Verification: _____ (Board Member Initial)
 Current School: _____ Current Grade: _____ School Waver
Guardian #1 Residence Verification _____ (Board Member Initial) **Guardian #2**
 Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ Zip: _____ City: _____ Zip: _____
 Phone: (____) _____ Phone: (____) _____
 Employer _____ Employer _____
 Occupation: _____ Occupation: _____
 E-Mail Address: _____ E-Mail Address: _____

REGISTRATION FEES

Baseball

- T-Ball \$75 (Ages 4-6) Coach Pitch Baseball \$75 (Ages 5-7) AA Baseball \$85 (Ages 7-9) \$ _____
 AAA Baseball \$85 (Ages 9-11) Majors Baseball \$85 (Ages 10-12) Intermediate (50/70) \$85 (Age 13) \$ _____
 Juniors Baseball \$85 (Ages 13-14) Seniors Baseball \$85 Ages 14-16 \$ _____

Softball-Girls

- Coach Pitch Softball \$75 (Ages 6-8) Minors Softball \$75 (Ages 8-11) \$ _____
 Majors Softball \$85 (Ages 10-12) Juniors Softball \$85 (Ages 13-14) Seniors Softball \$85 (Ages 15-16) \$ _____

REGISTRATION FEES & POLICIES - We Accept Cash, Check or Credit*

Candy Fundraiser

- I will participate in candy sale fundraiser \$60.
 Candy is paid for in-advance and is due at time of registration \$ _____
 I choose to Opt-Out of the candy fundraiser for \$35.00. \$ _____

Circle: Cash Credit* Check** #: _____ Total Due: \$ _____

*Credit transactions will be charged a 3% service fee
 **There will be a \$30 charge for all returned checks

Special Requests

Special requests such as playing with friends or requesting a coach can be requested here for

Baseball: T-ball, Coach Pitch, and AA divisions

Softball: Coach Pitch and Minors

Although Pacwest Little League will attempt to fulfill the request we cannot guarantee them

REFUND POLICY

In the event you withdraw your child from Pacwest Little League for any reason, the following refund guidelines will be observed:

Note: You MUST notify the Vice President or Player Agent, in writing, of your child’s withdrawal.

Prior to opening day, a refund of your entire fee, less \$20 will be charged for all requested refunds.

After May 1st NO refunds will be issued.

IMPLIED CONSENT AND LIABILITY WAIVER

I/We, the parent(s) or guardian(s) of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any of the Little League activities, including transportation to and from activities. I/We know that participation in baseball/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 Pacwest Little League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return, upon request, the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. 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, Pacwest Little League’s board of director’s approval is required for such candidate to be placed upon a team. I/We understand that our child (candidate) may be chosen at any time to play on a Majors Division team, and if he or she is of the correct age for such division as determined by Pacwest Little League and Little League Baseball/Softball. Declining to move up to such Major team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by Pacwest Little League. I/We agree to provide proof of legal residence (as defined by Little League Baseball/Softball) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League 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) and/or age, such a participate 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. I/We will furnish a certified birth certificate of the above named candidate to PWLL Officials.

I/We further understand that the Pacwest Little League fields, stands, parking lot, etc., is the property of Pacwest Little League. I/We will observe all posted rules and will ensure that persons under my/our supervision do the same. I agree to accept and abide by the rules and regulations of Pacwest Little League.

Signature of parent or guardian: _____ Date: _____



Pacwest Little League Parental/Guardian expectations:

Everyone you see here tonight is a volunteer! There are no paid positions in Pacwest Little League. As such, we depend heavily on people donating their time to make the magic happen for a successful Little League season.

Everyone has an obligation to help the league throughout the year. Here is a quick run-down of what is expected:

- Everyone is encouraged to attend the **rules clinic* to better understand the specific rules to our league.
- Each team is required to provide their own **umpires* for games.
- Each team is required to have volunteers cover in the “Snack Shack” throughout the season. A schedule will be provided for all.
- There is a “Carnival” towards the end of the season and each team is required to donate a gift basket and dedicate at least one parent from the team to the coordination of the event and collection of gift basket donations. All families will be required to work at least one shift during the carnival.
- Each team is required to help with field prep before games.

Our goal is to have a successful season where the kids learn some valuable life lessons they can take with them for the rest of their lives.

Parent Signature

Date: _____

**An umpire & rules clinic will be held at a future date and the league will announce the date(s).*



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.

PACWEST LITTLE LEAGUE Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or 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. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

PACWEST LITTLE LEAGUE
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

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

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Sudden Cardiac Arrest (SCA) Information for Parents and Student Athletes

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.

SCA in student athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA	Emergency Response to SCA
<ul style="list-style-type: none"> • strikes immediately. • SCA should be suspected in any athlete who has collapsed and is unresponsive. <ul style="list-style-type: none"> ○ No response to tapping on shoulders ○ Does nothing when asked if he/she is OK ○ No pulse 	<ul style="list-style-type: none"> • Act immediately; time is most critical to increase survival rates. • Recognize SCA. • Call 911 immediately and activate EMS. • Administer CPR. • Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch (www.parentheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited**, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy (HCM)*: HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. **Coronary artery anomalies**: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. **Other possible causes of SCA are**:
 - a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
 - b. Disorders of heart electrical activity such as:
 - i. *Long QT syndrome*.
 - ii. *Wolff-Parkinson-White (WPW) syndrome*.
 - iii. *Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*.
 - c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
 - d. Congenital aortic valve abnormalities.
4. *Commotio Cordis*: concussion of the heart from **sudden blunt non-penetrating blow** to the chest 5. Use of recreational, **performance-enhancing drugs**, and **energy drinks** can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
 - a. Had sudden unexplained and unexpected death before the age of 50.
 - b. Was diagnosed with any of the heart conditions listed above.
 - c. Died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
2. **Take seriously the warning signs and symptoms of SCA**. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
3. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
4. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.

