

**\*ALL FORMS MUST BE PRINTED SINGLE SIDED\***



# Land Park Softball 2017

## PLAYER REGISTRATION

**1 FORM PER PLAYER**

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

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

T-shirt Size (circle): YS YM YL YXL AS AM AL AXL

Parent/Guardian 1

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

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

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

E-mail: \_\_\_\_\_

Parent/Guardian 2

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

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

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

E-mail: \_\_\_\_\_

Name/Ages of other softball players in family who are registering with LPS also:

\_\_\_\_\_

\_\_\_\_\_

First year playing softball? Yes / No

2017 season Division (circle): Rookie / Minors / Majors

2016 season Division (circle): Rookie / Minors / Majors (if played in Little League Softball)

Rookie (Ages 6-9) / Minors (Ages 9-11) / Majors (Ages 10-12)

\*\* See 2017 Softball Age Chart for players League Age.

Note: Placement of all players will be determined by the LPS based on a try out and draft system.

Player's eligibility is subject to verification of age and residency by LPS and Little League Softball, Inc.

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### LEAGUE USE ONLY

Original birth certificate presented? (Circle) yes / no

Copy of birth certificate submitted? (Circle) yes / no

Proof of Residency:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Approved/Seen by LPS board member: \_\_\_\_\_



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## Land Park Softball 2017

PARENT/GUARDIAN CONTRACT

**1 FORM PER FAMILY**

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

Player Name (s): \_\_\_\_\_

I/we, the parent(s) or guardian(s) of the above named player for a position on a Land Park Softball team, hereby give my/our approval for her participation in any and all Land Park Softball activities during the season. \_\_\_\_\_ (initials)

I/we assume all risks and hazards incidental to such participation including transportation and agree to hold harmless the Land Park Softball Little League, Little League Softball Inc., its board, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities for any claim arising out of any injury to my/our child. \_\_\_\_\_ (initials)

I/we hereby acknowledge that the final placement of my/our child on a team is the prerogative of Land Park Softball. In the event that my/our child is selected by any manager with the concurrence of the board to play on the designated team or in a higher or lower division that she was originally assigned, I will agree to the selection rules set forth by Land Park Softball Little League and Little League Softball, Inc. \_\_\_\_\_ (initials)

I/we agree to return upon request, equipment issued to my/our child in as good as when received condition except for the normal wear and tear. I/we agree to reimburse Land Park Softball for the market value if the equipment is destroyed, lost, or not returned when requested by Land Park Softball officials. \_\_\_\_\_ (initials)

I/we agree if the child/children lose all or part of their uniform during the season, I/we will replace the uniform, or reimburse the league for the replacement. **Note:** The minimum value of any uniform top is \$15 and visor is \$10. \_\_\_\_\_ (initials)

I/we will furnish a certified birth certificate and proofs of residency of the above named player. \_\_\_\_\_ (initials)

I/we give permission for photographs or video tapes of my/our child/children to be used in a brochure, web page, or in newspapers or other means for the purpose of promoting LPS. \_\_\_\_\_ (initials)

I/we have read and agree to abide by the Code of Conduct. \_\_\_\_\_ (initials)

Parent/Guardian Name (print): \_\_\_\_\_

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

### **VOLUNTEERS**

LPS is dependent upon the support of participants and families. Dedicated individuals provide the opportunities, learning experiences and facilities that fulfill the league's goals. Volunteer opportunities will be posted on emails and the on the website [landparksoftball.com](http://landparksoftball.com). If you, as a parent or guardian, have specialized training, skills or equipment that you are willing to share or are able and willing to provide services to the league, the league would be grateful.



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# Land Park Softball 2017

FINANCIAL AGREEMENT

1 FORM PER FAMILY

★ ANNUAL REGISTRATION FEES ARE:  
\$150 per player

Player's name:		Fee:
Player's name:		Fee:
Player's name:		Fee:
		TOTAL DUE =

Parent's Name: \_\_\_\_\_

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

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

## LEAGUE USE ONLY

Amount Paid: \_\_\_\_\_

Circle one: CASH    CHECK    CREDIT CARD

Check# \_\_\_\_\_

Processed by: \_\_\_\_\_

*notes:*

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# Land Park Softball 2017

MEDICAL RELEASE

**1 FORM PER PLAYER**

*Medical Release is to be carried by team manager to all practices and games.*

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

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

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

Parent/Guardian 1

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

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Parent/Guardian 2

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

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

In case of emergency and neither parent can be reached please contact:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ In the event of an accident or other emergency, and when a parent or/a guardian is not available, I/We hereby authorize the manager, coach, or other league personnel to make such arrangements that he/she considers necessary for my/our child to receive medical and hospital care, including necessary transportation.

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: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance/Medical record number: \_\_\_\_\_

The purpose of the below information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment. **List any allergies/medical problems or diagnosis including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure Disorder) with information on medication, dosage, frequency of dosage the player may have:**

Significant past illness/injury: \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

*WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Little League. By signing below, I/we affirm that I/we understand the risks associated with participation in Little League. I/We understand the authorization I/we have executed, that the information provided on this form is accurate, and that I/we authorize the carrier of this form to seek medical attention in my/our absence for my/our above listed child*

Authorized Parent or Guardian Signature / DATE

Authorized Parent or Guardian Signature / DATE

*Medical Release shall be returned to League and/or destroyed at end of season, for player confidentiality and privacy*



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# Land Park Softball 2017

## PARENT CODE OF CONDUCT

We, the Land Park Softball 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 (and my guests) 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.

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Parent or Guardian Signature / DATE

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Parent or Guardian Signature / DATE