

Hot Sulphur Springs 2011 Little League Registration



***** **Forms Due Friday April 15th, 2011** *****

***** **Player/Parent Meeting 6:30pm Friday April 15th, 2011** *****

Dear Little League Players/Parents:

I'd like to encourage everyone (players and parents) to participate in Little League again this year! It's going to be exciting and is already kicking off with energy and enthusiasm. We do need to fill coaching positions, so if you are interested in helping out coaching, please call me (Marcus Davis). We will need to see what response we have as to what team (machine pitch or player pitch) will be possible for this year. This will be decided at the player/parent meeting on April 15th.

Attached are all the registration forms for the 2011 Hot Sulphur Springs Little League season including:

- HSS Little League Registration Form – Please mark for Tee Ball or Minors
- Medical Release – To be completed by the parent/guardian
- Residency Eligibility Requirements – There are 3 different proofs required, please review the approved list carefully. Even if you submitted these in prior years we need new ones.
- Volunteer Application – We would like to have every parent fill out the volunteer form so that there is no concerns about having a parent help out with practices, games, or transportation if necessary. More specifically, we need parent volunteers for coaches, assistant coaches, score keeper, umpires, team parents, and equipment coordinators/field preparation.

Please complete and return all forms by **Friday, April 15, 2011!** Don't forget to include the registration fee. Forms, fees, and proof of residency documents can be returned by dropping them off at the HSS Town Hall, bringing them to the meeting, or by mailing them directly to:

HSS Little League c/o Marcus Davis, P.O. Box 164, HSS, CO 80451

Please plan to attend the **player/parent orientation meeting at 6:30pm, Friday, April 15th, 2011 at the HSS Town Hall.** We will introduce the HSSLL board and provide more information on teams, season dates, volunteer needs, Q&A, etc. Come show your HSS pride!

The 2011 HSS Little League Board:

Marcus Davis – President, Lynda Troccoli – Vice President, Sandy White – Secretary/Treasurer

If you have any questions, please feel free to contact Marcus Davis at 970-725-3521 or 970-217-0651, mpdavis@frii.com

Sincerely,

Marcus P. Davis

Puede pedir formularios en español o ir al sitio de Internet www.littleleague.org para imprimir los formularios.



Hot Sulphur Springs Little League®

Player Registration Form

Player Name			Birthdate		
Address					
Address 2					
City/State/Zip			Gender		
Home Phone	()		League Age <i>(See Attached Guide)</i>		
Email					

My child T-Ball - \$35 (Ages 5 - 7)
would like to play: Minors - \$35 (Ages 7 - 11)

Parent/Guardian #1		Parent/Guardian #2	
Name		Name	
Phone	()	Phone	()
Email		Email	
Occupation		Occupation	
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Medical Information League Use Only

Emergency contact		Phone													
Relationship to player		Policy													
Insurance carrier		<table border="1"> <tr> <td>Birth Certificate</td> <td>Proof of Residency</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Medical Release Form</td> <td>Waiver needed?</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Level Assigned</td> <td>Team Name</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Birth Certificate	Proof of Residency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Release Form	Waiver needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Level Assigned	Team Name		
Birth Certificate	Proof of Residency														
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>														
Level Assigned	Team Name														

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 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.

5. 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.

6. 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.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent/Guardian Signature: _____

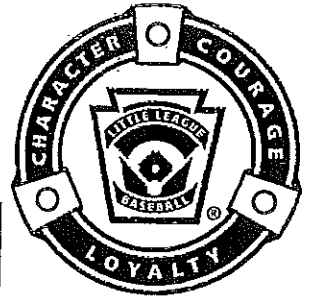
Date: _____

Parent/Guardian 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 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.

RESIDENCE ELIGIBILITY REQUIREMENTS

Each local Little League determines the actual geographic boundaries of the area from within which it shall select players. These boundaries must be described in detail and shown on a map and dated when making application for a Little League charter. Players will be eligible to play with that league only if they reside within the boundaries provided to and approved by Little League Baseball, Incorporated.

A player will be deemed to reside within the league boundaries if:

A. His/her parents are living together and are residing within such league boundaries, OR;

B. Either of the player's parents (or his/her court-appointed legal guardian) reside within such boundaries. It is unacceptable if a parent moves into a league's boundaries for the purpose of qualifying for tournament play.

"Residence," "reside" and "residing" refers to a place of bona fide continuous habitation. A place of residence once established shall not be considered changed unless the parents, parent or guardian makes a bona fide change of residence.

Residence shall be established and supported by documents from THREE OR MORE of the following categories to determine residency of such parent(s) or guardian:

1. Driver's License
2. Voter's Registration
3. School records
4. Welfare/child care records
5. Federal records
6. State records
7. Local (municipal) records
8. Support payment records
9. Homeowner or tenant records
10. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
11. Financial (loan, credit, investments, etc.) records
12. Insurance documents
13. Medical records
14. Military records
15. Internet, cable or satellite records
16. Vehicle records
17. Employment records

Note: Example – Three utility bills (three items from No. 10 above) constitute only ONE document.

It is recommended that the league require some proof of residence within the league's boundaries at the time the player registers. Players and their parents/guardians are advised that a false statement of residence may lead to ineligibility to play Little League Baseball or Softball. Under NO circumstances does ANY person have the authority to grant a waiver that allows a child to play in a local Little League program IN ANY DIVISION, when that child does not qualify under these residency requirements.

If the claim for residency is challenged, three of the above materials must be submitted to Little League Baseball, Incorporated, with an affidavit of residency from the parent(s) or guardian, which shall decide the issue, and that decision will final and binding. Residency documents must illustrate that the residence (as defined above) was inside the league's boundaries for at least one-half of the regular season (as of June 15 of the year in question).

Tournament Requirement for Non-Citizens: *A participant who is not a citizen of the country in which he/she wishes to play, but meets residency requirements as defined by Little League, may participate in that country if:*

1. his/her visa allows that participant to remain in that country for a period of at least one year, or;
2. the prevailing laws allow that participant to remain in that country for at least one year, or;
3. the participant has an established bona fide residence in that country for at least two years prior to the start of the regular season.

Exceptions can only be made by action of the Charter Committee in Williamsport. Any request for a waiver pertaining to the eligibility of a player must be submitted in writing, by the president of the local Little League through the district administrator, to their respective Regional Director not later than the date prescribed in Regulation IV (j). Requests submitted after that date will not be considered.

Proof-of-Age Requirements

Acceptable Forms Of Proof Of Birth Date

1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Little Leaguer is participating.
2. If country of participation differs from the country of proof of age document, original proof-of-age document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, are acceptable proof of age, provided the document was filed, recorded, registered or issued within one (1) year of the birth of the child.
3. An original document issued by federal, state or provincial registrars of vital statistics, or local offices thereof, listing the date of birth, with reference to the location and issue date of the original birth certificate, is acceptable. (The original birth certificate referenced must have been filed, recorded, registered or issued within one (1) year of the birth of the child.) Also issued by these agencies are photocopies of the certificate of live birth with the certification also photocopied, including the signature, and include the seal impressed thereon. Such documents are acceptable without "live" signatures, provided the original filed, recorded, registered or issued date of the birth certificate was within one (1) year of the date of birth.
4. For children born abroad of a parent or parents who are U.S. citizens, any official government document issued by a U. S. federal agency or service, is acceptable. For military dependents, Department of Defense identification cards and military hospital certificates are acceptable. These must be originals, not copies, and must refer to a filing, recording, registration, or issue date that is within one (1) year of the birth of the child.
5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a District Administrator is acceptable.

NOT ACCEPTABLE AS SOLE PROOF OF BIRTH: Baptismal Certificate; Certificate of Blessing; Certificate of Dedication; Certificate of Circumcision, etc.; Hospital Certificate; photocopied records; passports.

Note: Little League International has authorized the Regional Directors for Latin America, Europe (including Middle East and Africa), and Asia/Pacific, to adopt a policy that excludes No. 1 above. Local Little Leagues and districts in those regions will be informed of the regional policy.

How To Obtain Acceptable Documents

Proving Date Of Birth

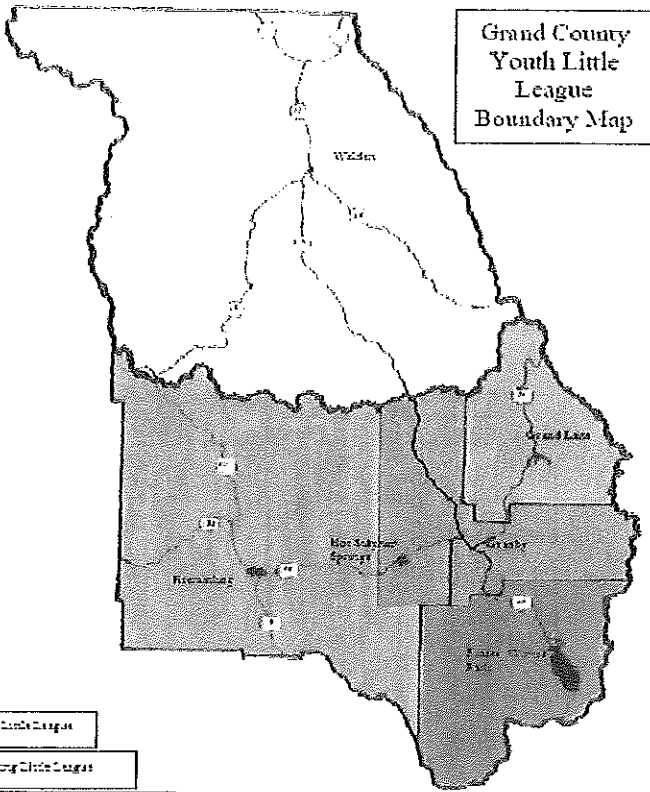
Certified copy-of-birth records may be obtained from the Registrar of Vital Statistics of each state, province or local office where the child was born. For U.S.-born persons, addresses of these offices or bureaus, fees required, and other pertinent information are supplied by the United States Department of Health and Human Services (National Center for Health Statistics). A database listing the method for obtaining birth records from any U.S. state or territory is available at the following Internet address:

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>

Individual states may also have on-line instructions on how to obtain "rush" birth records. To find out a state's latest policies regarding birth records, go to the Internet site listed below and type "birth records" into the search field, designate the appropriate state, then click on "SUBMIT."

<http://www.firstgov.gov/>

Persons in the U.S. who need a copy of a non-U.S. birth record should contact the Embassy or the nearest Consulate of the country in which the birth occurred. Addresses and telephone numbers for these offices are listed in the U.S. Department of State Publication 7846, "Foreign Consular Offices in the United States," which is available in many local libraries. Copies of this publication may also be purchased from the U.S. Government Printing Office, Washington, DC 20402. Such proof-of-birth records must meet the criteria for acceptable proof listed above.

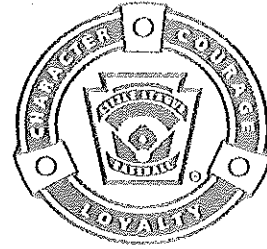


Grand County Youth Little League Boundary Map

- Grand Lake Little League
- Fraser Valley Little League
- Widdon Little League
- Grand Lake Little League

Little League Pledge

I TRUST IN GOD
 I LOVE MY COUNTRY
 AND WILL RESPECT ITS LAWS
 I WILL PLAY FAIR
 AND STRIVE TO WIN
 BUT WIN OR LOSE
 I WILL ALWAYS
 DO MY BEST



The Little League Parent/Volunteer Pledge

I will teach all children to play fair and do their best
 I will positively support all managers, coaches and players
 I will respect the decisions of the umpires
 I will praise a good effort despite the outcome of the game



2010 Little League Age Chart For Baseball Divisions Only

Match month (top line) and box with year of birth. League age indicated at r

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	AGE
2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	5
2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	6
2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	7
2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	8
2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	9
1999	1999	1999	1999	1999	1999	1999	1999	1999	1999	1999	1999	10
1998	1998	1998	1998	1998	1998	1998	1998	1998	1998	1998	1998	11
1997	1997	1997	1997	1997	1997	1997	1997	1997	1997	1997	1997	12
1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	13
1995	1995	1995	1995	1995	1995	1995	1995	1995	1995	1995	1995	14
1994	1994	1994	1994	1994	1994	1994	1994	1994	1994	1994	1994	15
1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	16
1992	1992	1992	1992	1992	1992	1992	1992	1992	1992	1992	1992	17
1991	1991	1991	1991	1991	1991	1991	1991	1991	1991	1991	1991	18

Note: This age chart is for baseball divisions only, and only for 2010.



Little League Volunteer Application - 2010

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

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

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Business Phone _____
 E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Social Security # (mandatory) _____
 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): 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 _____

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 _____

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):

Sex Offender Registry Criminal History Records *LexisNexis

*Please be advised that if you use LexisNexis 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.