



REGISTRATION 2019

1. Verify where you live with boundary map.
2. Take packet, includes various forms. Please write legibly.
3. Return completed packet and have **player's original birth certificate** and 3 proofs of residency for verification (**proofs must be dated between Feb 2018 – Feb 2019**)
4. Payment by Cash, Visa or MasterCard is accepted. Please keep your receipt as your proof of payment.
5. Include your email address and cell phone number so we can keep you informed of all league information.
6. Also check with www.fairfieldatlanticlittleleague.org regularly for information or call the Fairfield Atlantic Little League (F. A. L. L.) Message Line at (707)551-4407.

Thank You,

F.A.L.L.

Proofs of residency (must have 3) & Must Be Dated Between Feb 2018-Feb 2019

<u>GROUP ONE</u>	<u>GROUP TWO</u>	<u>GROUP THREE</u>
<ol style="list-style-type: none"> 1) Driver's License 2) School records 3) Vehicle record (i.e., registration, lease, etc.) 4) Employment records 5) Insurance documents 	<ol style="list-style-type: none"> 1) Welfare/child care records 2) Federal records (Federal Tax, Social Security, etc.) 3) State records 4) Local (municipal) records 5) Support payment records 6) Homeowner or tenant records 7) Military records 	<ol style="list-style-type: none"> 1) Voter's Registration 2) Utility bills (i.e., gas, electric, water/ sewer, phone, mobile phone, heating, waste disposal) 3) Financial records (i.e. loan, credit, investments, etc.) Medical records 4) Internet, cable, or satellite records

PLAYER REGISTRATION & PARENT/GUARDIAN CONSENT FORM

FAIRFIELD ATLANTIC LITTLE LEAGUE
3336 N. Texas St. Suite J #401, Fairfield, CA 94533
www.fairfieldatlanticlittleleague.org
707-551-4407 Message Line

LEAGUE USE ONLY

League Age: _____

Reg. Amt: \$ _____

Fundraiser \$ _____

Volunteer \$ _____

Paid Cash \$ _____

District Waiver Needed
[] Yes [] No

Player Information

Player's Name _____ M / F Birth date _____

Address _____ City _____

Level Requesting to Play [] T-ball (4-6 yrs old) [] Farm (6-9 yrs old) [] Minor (9-11 yrs old) [] Major (10-12 yrs)

In addition to playing fees, all players must also participate in a mandatory fundraiser.

Last Level Played (Full season): [] T-ball [] Farm [] Minor [] Major

Last Team Name _____ Year _____

Jersey: YS YM YL AS AM AL AXL

Pant: YS YM YL YXL AS AM AL AXL

We will exchange pants but if the wrong jersey size is ordered then the parent will have to pay for a replacement.

Parent/Guardian #1 Information

Name #1 _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address: _____ City _____

Email _____

Parent/Guardian #2 Information

Name #2 _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address: _____ City _____

Email _____

T-BALL AND FARM ONLY

Sibling/Friend Option [] Yes [] No Name _____

Preferred Coach Option [] Yes [] No Name _____

Insurance for injuries sustained while participating in Little League Baseball is provided by the Fairfield Atlantic Little League Inc. This insurance is available for medical-dental expenses not covered by private insurance (Blue Cross, Kaiser, etc.) Glasses, dentures, braces, or other artificial restoration are not covered. Personal jewelry, badges, pencils, watches, etc, must not be worn during practices or games. Metal cleats are not permitted during practices or games. It is recommended that male players wear a supporter with protective cup at all practices and games. WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL.

I/We, the parent/guardian(s) of the above named player for a position on a Little League Team, hereby give my/our approval to participate in all Little League activities, including transportation to and from the activities. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify and agree to hold harmless, the Local Little League, Little League Baseball, Inc. the organizers, sponsors, participants and person 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 agree that I will accept a prorated/partial refund if I/we remove my/our child from the league as per league policy. NO REFUNDS WILL BE GIVEN AFTER March 1, 2019. I/we agree to furnish a birth certificate for the above named player.

A \$100 volunteer fee will be collected now. You can earn this fee back by volunteering a minimum of eight hours for your child's league. See a board member for a list of approved volunteer jobs. (Remember, Little League is all volunteers.)

Parent/Guardian Signature _____ Date _____



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 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.



Volunteer Fee

There is a MANDATORY \$100.00 volunteer fee for each child registered. This fee will be refunded to you, by Fairfield Atlantic Little League (F. A. L. L.) upon completion of **8 hours of volunteer** work, if multiple children 8 hours are required per child. There are many opportunities throughout the season to volunteer.

- I understand that if I do not complete my 8 hours, my volunteer fee will be forfeited.*
- I understand this this is not a waiver/buy out of my volunteer hours.*

Player Name

Parent Signature

Thank you, F.A.L.L



Fairfield Atlantic Little League (F. A. L. L.) holds a fundraiser each season. The Fundraiser will be determined by the F.A.L.L. Board and given out prior to the start of the Season. There will be a minimum amount to be sold per child. At registration you must decide if you would like to participate, or pay a one-time fee of \$50.00 (at the time of registration) to do a buyout. By signing below you are acknowledging you have read and understand the terms of the Fundraiser.

Please Initial next to your choice Option.

Player Name

Parent Signature

_____ I will participate in the Fundraiser

_____ Buyout (will pay \$50.00 today)



Player Photo Release Form

I give FAIRFIELD ATLANTIC LITTLE LEAGUE permission to include my child in team photos and to photograph my child in games and other League events. I understand that the use of such images will be limited to the League's print and electronic media and will be without the use of player's names. I release all claims against FAIRFIELD ATLANTIC LITTLE LEAGUE with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

Player's Name

Parent or Guardian, please print

Signature

Date

Sport Parent Code of Conduct

We, the **Fairfield Atlantic 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 wellbeing 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 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.

Date: _____

Print Child’s Name

Print Parent/Guardian Name

Parent/Guardian Signature