

# Park View Little League 2012

**PLEASE PRESS FIRMLY**

**APPLICATION AND MEDICAL RELEASE**

**WWW.PARKVIEWLITTLELEAGUE.COM**

PLAYER INFORMATION		REGISTRATION DATE			
FIRST NAME:		MIDDLE:		LAST NAME:	
MALE / FEMALE	HT: WEIGHT:	AGE:	GRADE:	BIRTHDATE:	
LIVES WITH: BOTH / MOTHER / FATHER		PREVIOUS DIVISION PLAYED T-BALL / MINOR B / MINOR A MAJORS / JUNIORS		LAST YEARS TEAM NAME:	
EMAIL ADDRESS:				SCHOOL NAME:	
Initials	SPECIAL REQUESTS: (not guaranteed)				
FAMILY PHYSICIAN NAME: PHONE NUMBER:			INSURANCE CARRIER: PHONE NUMBER:		
FATHER'S INFORMATION			MOTHER'S INFORMATION		
FIRST NAME:			FIRST NAME:		
LAST NAME:			LAST NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE #:			HOME PHONE #:		
EMERGENCY PHONE #:			EMERGENCY PHONE #:		
OCCUPATION:			OCCUPATION:		
<p><b>PARENT AUTHORIZATION:</b> I/We know that participation in baseball requires the ability to run, throw, swing a bat and catch a ball and the capacity to learn and understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? Yes ___ No ___. If yes, please explain in the comments section and identify any modification that would allow your child to participate. I/We, the parents of the above named candidate give our approval to participate in any and all Little League activities, including transportation to and from activities. I/We know that participation in baseball may result in serious injury and that protective equipment does not prevent all injuries to player and hereby waive, release, absolve, indemnify and agree to hold harmless the Little League, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, and persons transporting your child, from any claim arising out of any injury to my/our child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency, if the family physician cannot be reached, I/We hereby authorize _____ to be treated by another physician who is available. <input type="checkbox"/> I acknowledge that no refunds will be given after opening day.</p> <p><b>Parent(s) or Guardian Signature:</b> _____ <b>Date:</b> _____</p>					
<p><b>Code of Conduct: As a Park View Little League Parent, I will:</b></p> <ol style="list-style-type: none"> <li>Remember that children participate to have fun, and that the game is for and about kids</li> <li>Be a positive role model for my child and encourage sportsmanship by showing respect and courtesy to players, coaches, and spectators</li> <li>Teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.</li> <li>Respect the umpires and their authority and will not confront them at the game.</li> <li>Never ridicule or yell at my child or other participants for making a mistake or losing a competition</li> <li>Not engage in unsportsmanlike conduct such as booing, taunting, cursing, threats, or physical assaults.</li> <li>Refrain from coaching my child or other players during games and practices</li> <li>Teach my child that doing one's best is more important than winning.</li> </ol> <p><b>ZERO TOLERANCE POLICY</b> Park View Little League has a zero tolerance policy toward violence. Any form of violence will result in immediate expulsion from the league.</p> <p><b>VIOLATIONS</b> Park View Little League has the right to suspend or ban any <u>parent</u>, <u>guardian</u>, or <u>attendee</u> for violating any of the above policies. I have <u>read</u> and <u>understood</u> this Code of Conduct and I agree to abide by its provisions.</p> <p><b>Parent(s) or Guardian Signature:</b> _____ <b>Date:</b> _____</p>					
LEAGUE USE ONLY		PROOF OF RES CHECKED BY: <input type="checkbox"/>	BIRTH CERT CHECK BY: <input type="checkbox"/>	CODE OF CONDUCT	9 YR OLD OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO
LEAGUE AGE:		AMOUNT PAID: CC PP CASH CK #( ) BALANCE DUE:			
DIVISION ASSIGNED:		TEAM ASSIGNED:		TRYOUT #:	