

2016 Fall Ball Season

Baseball:

Tee-Ball (4-6)

Farm (7-8)

Minor (9-10)

Major (11-12)

Junior (13-14)

Other: _____



Date: _____

Receipt #: _____

Cash: _____

Check: _____

Check #: _____

Balance: _____

Male

Female

Player's Name

DOB: _____ Month - Day - Year

League Age

Street Address

City

Zip Code

Phone Number

Did this player participate in NELALL last year?
If so please fill below:

Team Played on Last Spring	Division

School Attending

Medical Insurance Carrier

Policy Number

Family Doctor

Phone Number

Dental Carrier

Policy Number

Family Dentist

Phone Number

Please provide information about any special or continuing medical prescriptions, including allergies of which the team manager should be aware of:

Consent to Treat Minor: I/We, the parent(s) or legal guardian(s) of the above named minor hereby appoint any representative of Little League Baseball Inc., to act in my/our behalf in authorizing any x-ray anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor during my/our absence. This document is valid for the current Little League season, including any pre-season or post-season or activities. This document may be relied on by any licensed physician, surgeon, dentist or appropriate hospital representative in accordance with Section 25.8 of the Civil Code of California. I/We authorize any hospital that has treated the above named minor to surrender physical custody of the minor to my/our agent. This authorization conforms to Section 1283 of the Health and Safety Code of California.

Liability Statement: I/We, the parent(s) or legal guardian(s) of the above named minor give my/our permission for the child's participation in any and all activities of Little League during the current season. 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 (Northeast Los Angeles Little League), Little League Baseball Inc., the organizers, sponsors, participants, board members, managers, coaches and persons transporting my/our child to and from the activities from any claim arising out of any injury to my child whether the result of negligence to my/our child, I/We hereby waiver all claims against the local Little League (Northeast Los Angeles Little League), Little League Baseball Inc., the organizers, sponsors, participants, board members, managers, coaches, or any of the supervisors appointed by them and persons transporting my/our child to and from the activities.

Emergency Contact (Other than Parent or Guardian)

Name

Relationship

Address

Phone Number

Mother Guardian

Parent(s) or Guardian(s) Information

Father Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City & Zip Code: _____

City & Zip Code: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Signature & Date: _____

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. _____ / _____ /2016

Authorized Parent/Guardian Signature

Date:

FOR LEAGUE USE ONLY:

League Name: Northeast Los Angeles Little League League ID: _____

Division: _____ Team: _____ Date: _____ / _____ /2016

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.



Northeast Los Angeles Little League Player Code of Conduct

I pledge to be responsible for my participation by following this code of conduct of Northeast Los Angeles Little League :

- I agree to accept authority and supervision in a positive manner all the times.
- I agree to seriously accept the responsibility and privilege of representing Northeast Los Angeles Little League.
- I agree to attend and participate in all scheduled games and practices when reasonably possible.
- I agree to follow all directions from the coach/manager & umpire.
- I agree to communicate positively with the coach/manager, umpires, teammates and opponents.
- I agree to treat my teammates, opponents, fan, umpires, and all other adults with dignity and respect.
- I agree to not use foul and/or disrespectful language and taunting with anyone.
- I agree to respect Northeast Los Angeles Little League officials and umpire decisions without argument.
- I agree to exercise self control at all times and set a positive example for others to follow.
- I agree to positively encourage teammates and refrain from being critical of or joking about their mistakes.
- I agree to be aware of safety and will not throw a bat, ball, or equipment in anger. I will remain in the dugout with my teammates during games when I'm not on the field.
- I agree to not be overly aggressive or have angry reactions when I make an out or error.
- I agree to win without bragging, lose without making excuses, and never give up.
- I agree to be respectful of the equipment of other players and Northeast Los Angeles Little League.
- I agree to practice good sportsmanship at all times. I will play hard but within the rules of Northeast Los Angeles Little League.

My signature verifies that I have read, understood, and will follow the Player's Code of Conduct.

Player's Name

Player's Signature

My signature verifies that I have read, understood, and will follow the Player's Code of Conduct. I will positively encourage my child to abide by the Code.

Parent or Guardian's Signature

Date



Northeast Los Angeles Little League Parent Code of Ethics

- I pledge to provide positive support, care and encouragement for my child participating in Northeast Los Angeles Little League.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
- I will place the emotional & physical well being of my child above any personal desire to win.
- I will provide support for coaches and officials working with my child to provide a positive and enjoyable experience for all.
- I will demand a tobacco, alcohol and drug free environment for my child and agree to assist by refraining from use of all noted substances at all games and practices myself.
- I will remember that the game is for the children.
- I will expect my child to treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability.

I HAVE READ AND FULLY UNDERSTAND THE NORTHEAST LOS ANGELES LITTLE LEAGUE PARENT CODE OF ETHICS. I WILL MAKE EVERY EFFORT TO COMPLY WITH EACH CODE ABOVE.

Parent Signature: _____ Date: _____

Print Child's Name: _____

Northeast Los Angeles Little League Photo Release

"I, the undersigned, hereby give permission for images of my minor child(ren) named below, captured during regular and special activities of the Northeast Los Angeles Little League ("NELALL") through any means, to be used by NELALL and/or its affiliates for promotional purposes in any media whatsoever, without restriction as to alterations, and in conjunction with my own or a fictitious, or no, name. I consent to such uses and hereby waive all rights to compensation and any right to inspect or approve the finished product or image, regardless of format."

Print Child's Name: _____

Parent Signature: _____ Date: _____