2012 HLL Key Dates

Registration

Wednesday January 18th	6:00 - 8:00 PM	Miller Elementary
Thursday January 26th	6:00 - 8:00 PM	Brown Elementary
Saturday February 11th	9:00 AM – 2:00 PM	Renton Cafeteria

Tryouts

Sunday March 11th	2:00 - 7:00 PM	Renton or High School Gym
Sunday March 18th	2:00 - 7:00 PM	Renton or High school Gym

Candy Pick (Age and Residency Checks)

Age and residency checks will be done if you registered online

Tuesday March 6th	6:00 - 8:00 PM	Brown elementary

Uniform Pick up and Candy Money Due

Make checks or Money Orders payable to Huron Little League

No Cash or Coin Will Be Accepted

Thursday April 19th	6:00 – 8:00 PM	Renton Cafeteria

Huron Little League Registration Form

Players Name _____ _____ _____ Birth Date:_____
(On Birth Certificate) Last First MI M/D/YY

Address:_____ ○Male: ○Female:

City: _____ State: _____ Zip:_____ Home Phone:_____

Player Lives With: ○Father: ○Mother: ○Both: ○Other (Specify):_____

Father's Name: _____ _____ Mother's Name:_____ _____
(Or Legal Guardian) Last First (or Legal Guardian) Last First

Home Phone:_____ Cell:_____ Home Phone:_____ Cell:_____

Email:_____ Email:_____

Emergency Contact

Emergency Contact:_____ Phone:_____ Relationship to Player:_____
(Other than Parents)

Players Jersey and Pants Size

Jersey Size:	○YS	○YM	○YL	○YXL	○AS	○AM	○AL	○XL	○XXL
Pant Size:	○YS	○YM	○YL	○YXL	○AS	○AM	○AL	○XL	○XXL

Division

○T-Ball
○Boys 7& 8 Yr. old Baseball
○Girls 7 & 8 Yr. old Softball
○Boys 9 & 10 Yr. old Baseball
○Girls 9 & 10 Yr. old Softball
○Boys 11 & 12 Yr. old Baseball
○Girls 11 & 12 Yr. old Softball
○Boys 13 Yrs. and older Baseball
○Girls 13 Yrs. and older Softball

1. I/We, the parents/guardians of the above-named candidate for a position on the 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 Huron 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 that out child 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 child to be placed on a team.
4. I/We understand that our child 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.
5. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Incorporated to participate in Huron Little 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.
6. I/We further understand that if any participant on the 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.

_____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

FOR HURON LITTLE LEAGUE USE – DO NOT WRITE BELOW THIS LINE

Form/Info Check List:

Birth Certificate:	Y	N	Volunteer:	Y	N
Residency Proof:	Y	N	Coaching Vol. Form:	Y	N
Parent Code Of Conduct:	Y	N	Medical Release:	Y	N
Website Permission:	Y	N			
Candy Buyout:	Y	N			

Registration Fee: _____ Candy Buyout Fee: _____

Cash: _____ Check #:_____

Amt. Paid: _____ Balance Due: _____

No. of Children: _____ of _____

Verified By: _____
League Representative

Rev 1.2

Fill Out Online and Print For Signature

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.

Sport Parent Code of Conduct

We, the _____ 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 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.

_____

Parent/Guardian Signature

Tasks / Actions that fulfill Volunteer Requirement

Huron Little League 2012

(Fulfilling the requirement results in return of your $50 Volunteer Check)

1. Manager (1) per team

2. Coach (2) per team

3. Team Mom / Parent (for all games)
    a. Coordinates snacks with other parents
    b. Participates in maintaining civil order in the dugout during the game
    c. Helps organize the team to fulfill volunteer requirements

4. 3 hours worked in the concession stand
    - Can sign up at the concession stand during the season

5. Emptying all trash cans at all fields three (3) times with another volunteer's support
    - Can sign up at the concession stand during the season

6. Filed preparation
    - Can sign up at the concession stand during the season

7. Working one of the "Texas Hold'em " fundraising events (usually a 3-4 hour slot)
    - Can sign up at the concession stand during the season or go to www.hurontownship.com website to see listing of the events

8. Helping at three (3) practices. Must be for entire practice. Must also have a background check performed before being allowed to help with a practice.

9. End of season picnic
    - Can sign up at the concession stand during the season

10. Opening day

11. Pre season field preparation

Volunteering for other work that pops up during the season and is deemed necessary by the board will be posted in the Concession Stand and on the website.

NOTE: **Volunteer Check Pick-up will be during the last week of the season and all during the end of season picnic (DATE: TBD). Checks can be picked up at the Concession Stand. Please check the www.hurontownship.com website or up at the Concession Stand for dates and times during the last week and the picnic. Following the last week of the season, any checks remaining from families who have fulfilled their volunteer requirement will be destroyed and the checks from the families who have NOT fulfilled their volunteer requirements will be deposited.**

2012 Huron Little League Volunteer Registration

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

The following are categories that are available for you to participate. (Check one)

☐ **Team Manager - Repsonsible for managing of team players and parents, practices and game day requirements**

☐ **Team Coaches - Responsible for assisting the Team Manager**

☐ **Field Mainteneance - Responsible for game day preparations of all Huron Little League Fields.**
Responsibilities include pre-game field raking, chalking field base lines and install bases before games. Also you will be required to remove bases and give each field a post game raking.

☐ **Concession Stand**
Responsibilities will include working the concession stand for a minimum of one day (6:00 PM to 9:00 PM) or until the games have been completed.

** if you would chose to sign-up for this category. It is your reponsibility to schedule your time in the Concession Stand Volunteer Log located in the Concession Stand

☐ **Special Events**
Huron Little League Poker Tournament Fund Raiser
Responsibilities will include working one of the scheduled days for the Poker Tournament Fund Raiser, you are required to work a minimum of (4) four hours.

Current Events Poker Tournament Dates for 2012
February 17-19
March 23-25
October 4-6
December 13-15

It is Huron Little Leagues intent to return all volunteer payments but, it is the responsibility of the volunteers to sign-up and coordinate their dates and time to serve. Dates can be scheduled for the same day that your child is playing.

Please contact one of the following League Respresentatives if you have any questions regarding volunteer participation.

League President - Tim Dioszegi	734-552-4498
Boys Vice President - Kelly Varcie	734-652-4130
Girls Vice President - Renee Ziegler	734-777-1700
Concession Coordinator - Sheila Calvin	734-799-3522

Applicant Signature: _____

Applicant Name (Please Print) _____

Little League® Volunteer Application -2012

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

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 upon request or with LexisNexis) _____

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: _____

_____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ 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 background check(s) on me now and as long as I continue to be active with the organization, 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 _____

If Minor/Parent 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.

2012 Huron Little League
Website permission sheet

The Huron Little League is using www.hurontownship.com as its website. The Huron Little League is asking for you permission to use your child's name for listing the team roster, player of the week and possibly team and live action photos. No personal information will be posted on the website and photos will not have your child's name associated with them.

____ I giver permission to use my child's named and photo(s) on the website.

____ I do not give permission to use my child's named and photo(s) on the website.

_____ _____

Legal Guardian Signature Date

_____

Name Above Printed Clearly

Thank you.
Huron Little League
HuronTownship.com