

# Challenger Division, Napa Little League

## Sign Up Now!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

All games on Sundays:

Elementary age teams play	12 Noon - 2:00 P.M.
Jr. High/High School teams play	11:30 A.M. - 2:00 P.M.
Adult league teams play	9:00 A.M. - 11:30 A.M.

**Fee \$50.00 includes Jerseys, Socks and Hats.**

### Uniform Size (circle one)

Child, extra small	Adult, small
Child, small (6-8)	Adult, medium
Child, medium (10-12)	Adult, large
Child, large (12-14)	Adult, extra large
Child, extra large	

### To Sign Up

**Challengers:** Fill out Little League registration form, sign medical consent, and send in all three forms with **\$50** fee, payable to *Napa Little League*.

**Adult League:** Send in this form with **\$50** fee, payable to *Napa Little League*.

**Mail to:** Napa Little League  
PO BOX 2777  
Napa, CA 94558

**For additional information, call Candiss Howden (707) 337-7031**

**It is very important to get all registrations back by February 10th if we are to get uniforms in time for the first game!**

# Division "Challenger", Liga Infantil de Napa

## Inscribirse Ahora!

*Para estudiantes con necesidades especiales, entre 6 y 18 años de edad. Todos pueden jugar.  
Hacemos adaptaciones en el juego para cualquier discapacidad. Si es mayor de 18 años.*

Nombre: \_\_\_\_\_ Telefono: \_\_\_\_\_

Direccion Postal: \_\_\_\_\_

Cuidad: \_\_\_\_\_Codigo Postal: \_\_\_\_\_

Todos los partidos son los domingos en el Garfield Park:

Los equipos de primaria juegan 12 mediodia - 2:00 P.M.

Los equipos de intermedia/preparatoria juegan 11:30 A.M. - 2:00 P.M.

Los equipos de Liga de Adultos juegan 9:00 A.M. - 11:30 A.M.

**Tasa: \$50.00**

Talle del Uniforme (marque una)

Nino, extra pequena

Adulto, pequena

Nino, pequena (6-8)

Adulto, mediana

Nino, mediana (10-12)

Adulto, grande

Nino, grande (12-14)

Adulto, extra grande

Nino, extra grande

**Para inscribirse *Challengers*:** Complimenten este formulario y envíelo con su tasa de **\$50**, a nombre de *Napa Little League*. Les enviaremos un calendario, un formulario de inscripción y un formulario médico.

**Enviar a:** Napa Little League  
PO BOX 2777  
Napa, CA 94558

**Información adicional, llamen a Candiss Howden (707) 337-7031**

**iES muy importante llamar a Candiss Howden  
inmediatamente**



# NAPA LITTLE LEAGUE



PO BOX 2777 NAPA, CA 94558

[www.napalittleleague.org](http://www.napalittleleague.org)

## APPLICATION TO PLAY

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LEAGUE NAME Challenger Division

(Circle one)

Check# \_\_\_\_\_

Cash

Credit Card

Amount Paid \_\_\_\_\_

I have reviewed ALL documentation (Board Member Signature & DATE)

Sibling Option? If yes, provide players name: \_\_\_\_\_

\_\_\_\_\_  
Player First Name                      Player LastName                      Male/ Female                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo    Day    Year

\_\_\_\_\_  
Player's Physical Address                      City                      Zip                      Player Contact Phone

\_\_\_\_\_  
Guardian's Name                      Guardian's Phone

Please provide information about allergies or medical condition that the team should have in case of emergency.

I/we, the parent(s) or guardian of the above named candidate for a position on a Little League Team, Challenger Division 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, Napa 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/we agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as we received except for normal wear and tear.

Parent(s) or Guardian Signature(s): \_\_\_\_\_



# Little League Baseball and Softball MEDICAL RELEASE



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 LEGAL GUARDIAN AUTHORIZATION: \_\_\_\_\_ Email: \_\_\_\_\_

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)/legal guardian cannot be reached In case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any all ergies/ medical problems, including those requiring maintenance medication. (i. e. Diabetic, Asthm,a Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dos ag e

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the ab<M!!listed information is to ensure that medical personnel have details of *my* medical problem may interfere with or almr batment.

Mr./Mrs./M\_s. \_\_\_\_\_

Authorized Parent/Guardian Signature

Date:

FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID \_\_\_\_\_

Divlsion: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING : PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL  
Little U!!!W does not limit parUclpatton In flsactlvilles on t bajs Dldlsability, rac\*, color. r:rHCI, 111llonll orqpn, gancl\* r, UlfItAI prefertll<O! or rffllalous preft rev:e.



# Little League® Volunteer Application - 2018

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 \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security # (mandatory with First Advantage or upon request) \_\_\_\_\_**

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and Year): \_\_\_\_\_

\_\_\_\_\_

1. Do you have children in the program? \_\_\_\_\_  
If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (list) \_\_\_\_\_  
Yes  No

3. Do you have a valid driver's license? \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?  
If yes, describe each in full: \_\_\_\_\_  
Yes  No

5. Have you ever been convicted of or plead guilty to any crime(s) \_\_\_\_\_  
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? \_\_\_\_\_  
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Yes  No

In which of the following would you like to participate? (check one or more.)

- League Official
- Umpire
- Coach
- Manager
- Scorekeeper
- Field Maintenance
- 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:**

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 (some of which contain name only searches which may result in a report being generated that may or may not be me), 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):

Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable

\* First Advantage  Sex Offender Registry Data along with National   
Criminal Records check of at least 281 million records

*\*Please be advised that if you use First Advantage 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.