



NAPA LITTLE LEAGUE



PO BOX 2777 NAPA, CA 94558
www.napalittleleague.org

Second Season Fall Baseball 2018

Season Dates: August 20 – Mid October

Games will be played Monday-Saturday
Practices begin on August 6th

Sign Ups: June 9th 12:00pm - 3:00pm- 3:00pm
June 23th 10:00am - 1:00pm
July 11th 5:30pm - 7:00pm

All will be held at Garfield Park
Registration forms available on our website for faster
registration process.
(space is limited, sign up early!)

Coaches – Please include the Coaches
Application separately from the Players
Application Packet.

Age Limits: Rookie/Minor B Level (6-8 League Age)
Minor A Level (8-10 League Age)
Majors Level (9-11 League Age)
(Based on Spring 2018 League Age)

Price: \$135 – (includes \$15 City fee) \$25.00
discount for siblings.

Check our website for updated information
www.napalittleleague.org





NAPA LITTLE LEAGUE



PO BOX 2777 NAPA, CA 94558

www.napalittleleague.org

2018 FALL SEASON

L
E
A
G
U
E

U
S
E

LEAGUE NAME (Circle One) Napa National Napa American League Age: _____

LEVEL YOU WANT YOUR CHILD TO PLAY IN FALL (Based on 2018 League age and does not affect where they play in Spring)
(Circle One) Rookies/Minor B (6-8) Minor A (8-10) Majors (9-11)

Check # Amt. Paid I have reviewed ALL documentation (Board Member Signature & DATE) _____/_____/_____
Year Year

Siblings also playing in Napa Little League _____
Circle Yes if you want siblings on the same team.

Player First Name Player Last Name Male / Female Date of Birth _____/_____/_____
Mo Day
Year Year

School of Attendance Team Name - Spring 2018 Season YS YM YL AS AM AL AXL
CIRCLE JERSEY SIZE (Y = Youth, A = Adult)

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

Mother's Name Mother's Email (ALL UPPER CASE PLEASE)

Mother's Physical Address City Zip Mother's Phone

Father's Name Father's Email (ALL UPPER CASE PLEASE)

Father's Physical Address City Zip Father's Phone

Participation in Little League Baseball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to 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 and identify any modification that would enable your child to participate.

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

I/we, the parent(s) of the above named candidate 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, 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 of condition as we received except for normal wear and tear.

I/we will furnish an original certified Birth Certificate, and any other documentation required by Little League Baseball, Inc. for the above named candidate to Napa Little League Officials

Parent(s) or Guardian Signature(s): _____



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: _____

NAPA LITTLE LEAGUE: CODE OF CONDUCT & PERMISSION TO PARTICIPATE

ROLE OF PARENTS, GUARDIANS, SUPPORTERS AND PLAYERS

The parents, guardians, supporters and players of Napa Little league represent an impressive cross section of our community. Parents must take the initiative to make Napa Little League successful. Napa Little League is not a club in which membership implies childcare benefits and entertainment privileges. All persons associated with Napa Little League must recognize their actions, and behavior, are often perceived by the public, and our competition, as representative of Napa Little League. Therefore, it is incumbent of all Napa Little League parents, players, coaches and fans to act as ambassadors of our proud organization.

Parents, Guardians, Supporters and Players are expected to be aware of the following:

Learn the basic rules of baseball

Be positive in any criticisms of the program and be willing to volunteer time and/or services to effect improvements

Demonstrate recognition of the effort expended by the volunteer personnel by refraining from unsportsmanlike conduct and "grandstand" coaching.

Realize that the players are children and need encouragement more than criticism.

Applaud good plays, encourage a greater effort, congratulate the winner and encourage the loser.

Participate in the end of the game activities (handshake, cheer, clean up, etc.)

NO ALCOHOL OR TOBACCO AT ANY TIME.

Parents, Guardians, Supporters, Players, Managers and Coaches must observe the following rules at all games and practices:

Only players, coaches, umpires or league officials are allowed on the field at any time.

Treat players, coaches, umpires, league officials and other parents with civility and respect.

Do not interfere with the ability of a coach to devote his/her attention to the game or practice.

Do not criticize an opposing team, player, coach, and/or fans by word of mouth or gesture.

No abusive or profane language at any time.

No contact with any participant or game official.

Any incident of unsportsmanlike conduct or other violation of Napa Little League rules at any game, practice, or league activity is subject to disciplinary action by the Napa Little League Board of Directors. Disciplinary action can be anything from a request to stop up to expulsion from Napa Little League.

By signing below, the undersigned parent or guardian and player acknowledge and agree that: 1) Participation in Napa Little League is a privilege and not a right; 2) the player and his/her family will follow the above code of conduct; and 3) acceptance into Napa Little League and continued participation by a player (and his/her parent or guardian) is subject to the final decision of the Napa Little League Board of Directors in its sole discretion.

PERMISSION TO PARTICIPATE: I, as parent/guardian of said minor, hereby give permission for said minor to participate in any and all of the activities sponsored by Napa Little League, including but not limited to its organizers, supervisors, leaders, participants, officials, coaches and other agents or representatives including persons transporting said minor, and they shall be held harmless from any and all claims arising out of injury to the above minor.

RULES AND REGULATIONS: I, as parent/guardian understand that it is the responsibility of said parent/guardian to comply with any and all rules and regulations of said Napa Little League. Any non-compliance shall be cause for disciplinary action being taken against said candidate, parent/guardian and/or team.

Print Player Name: _____

Print Parent/Guardian Name: _____

Player Signature: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____



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: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Business 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): _____

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.