

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:	
_eague Name:		I.D. Number:	
Parent or Guardian Authori:	zation:		
in case of emergency, if far to be treated by Certified E			
Family Physician:		Phone:	
Address:			
Hospital Preference:			
in case of emergency conta	act:		
Name	Phone	<u> </u>	Relationship to Player
Name	Phone		Relationship to Player
Please list any allergies/me medication. (i.e. Diabetic, A		those requir	ing maintenance
Medical Diagnosis	Medication	Dosage	Frequency of Dosage
	pove listed information is tedical problem which may		
Date of last Tetanus Tox	koid Booster:		
Mr./Mrs./Ms	d Parent/Guardian Signatu		
Authorized	d Parent/Guardian Signatu	re	

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.



Little League Volunteer Application

A COPY OF VALID GOVERNMENT ISSUED PHOTOIDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. Name______Date____ Business Phone Home Phone E-mail Address (optional) Date of Birth_____ Occupation _____ Social Security #____ 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 \(\sigm\)No \(\sigm\) If yes, at what level? Special Certification (i.e. 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: 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 Concession Stand Other

participation as a volunteer in a youth program:			
Name	Phone		
As a condition of volunteering, I give permission organization to conduct a background check on rof sex offender registries, child abuse and crimin that, if appointed, my position is conditional upon nappropriate information on my background. I had harmless from liability the local Little Leagn corporated, the officers, employees and volunter or organization that may provide such information egardless of previous appointments, Little Leagne to a volunteer position. If appointed, I undersoff my term, I am subject to suspension by the Preport of Directors for violation of Little League	me, which may include a review all history records. I understand in the league receiving no nereby release and agree to tue, Little League Baseball, eers thereof, or any other person. I also understand that, ue is not obligated to appoint stand that, prior to the expiration resident and removal by the		
Applicant Signature	Date		
Applicant Name(please print or type)			
NOTE: The local Little League and Little League Baseball, in against any person on the basis of race, creed, color, national prientation or disability.			
Local League Use Only:			
Background check complete by league officer			
System(s) used for background check (minimun	·		
Sex Offender Registry	cords□		
Only attach to this application copies of background check this applicant.	reports that reveal convictions of		