

Photo / Media Release 2012

According to NYS Civil Rights Law (Article 5, Section 51), any portrait, picture or voice of an individual (child or adult) cannot be published without the individual's (or parent/guardian's) prior written consent.

Please Complete:

Player's Name:

Address:

Parent/Guardian Name:

I hereby give permission for any photos, portraits, slides, films or sketches of myself and/or my child taken during Homer Little League or Homer Baseball activities to be used for publicity, advertising, and/or promotional purposes. This includes, but is not limited to, web page publication, program flyers, etc.

Signature: _____ Date: _____
(Parent/Guardian)

If you DO NOT give permission for use of photos, etc. Please draw a line through the statement / signature block above and instead sign below.

Signature: _____ Date: _____

This release will be retained by the HLL Player Agent and will be valid for one year from date signed unless revoked in writing by the individual or their legal representative.

You will be able to order your team shirt in the size you need. There will be shirts to try on at all registration dates and all winter clinic dates. If you order the wrong size and a new shirt needs to be ordered, you will be held responsible for the cost.

YOUTH		ADULT			
MEDIUM	LARGE	SMALL	MEDIUM	LARGE	EX-LARGE

OFFICIAL USE ONLY

Birth Certificate _____

Proof of Residence

Driver's License	Federal records	Homeowner or tenant records	Vehicle records
Voter's Registration	State records	Utility bills	Medical records
Scholl Records	Local (municipal records)	Financial records	Military records
Welfare/child care	Support payment records	Insurance documents	Internet, cable or satellite

Please note - Three utility bills constitute only ONE document.

Payment: Cash _____ Check # _____ \$ Amount _____ Board Member Initials: _____



Personal Health & Medical History

This form is to be completed by the parent(s), legal guardian, or adult participant.

Players Name: Date of Birth: Age: A

Name of Parent or Guardian: Dhone:

Home Address: City: State: " Zip:

Business Address: 7]m State: Zip:

If the person named above is not available in the event of an emergency, notify:

Name: Relationship: Telephone:

Name: Relationship: Telephone:

Name of Family Physician: Telephone:

Personal health/accident insurance carrier: Policy #:

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if an adult).

Signature: _____ Date: _____

Check all items that apply, **past or present**, to the player's history. Explain "yes" answers.

GENERAL INFORMATION

..... Y N Y N Y N
Asthma	Diabetes	High Blood Pressure
Cancel Leukemia	Kidney Disease	Heart Trouble
Seizures	Hemophilia	5 ~Yf]]g

..... Explain 'Ubm]]Y a ga Uf_YX mYg

..... VISION: Normal Glasses Contacts

..... <9ARING: Normal Abnormal Explain

..... List any medications to be taken during the day:

..... @gt any physical or behavioral conditions that may affect or limit full participation in playing baseball:

A MUNIZATIONS:

..... Are the player's shots up-to-date? Yes Bc



Player's Code of Conduct

1. I hereby pledge to be positive about my youth baseball experience and accept responsibility for my participation by following this Code of Conduct.
2. I will encourage good sportsmanship from fellow players, coaches and parents at every game and practice by demonstrating good sportsmanship.
3. I will attend every practice and game that I can, and will notify my coach if I cannot.
4. I will do my best to listen and learn from my coaches.
5. I will expect to receive a fair amount of playing time.
6. I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
7. I deserve to have fun during my baseball experience and will alert my parents and coaches if it stops being fun!
8. I deserve to play in an environment that is free of alcohol, tobacco and other drugs, and I expect adults to refrain from their use at all youth sports events.
9. I will encourage my parents to be involved with my team in some capacity because it is important to me.
10. I will do my very best in school.
11. I will remember that youth baseball is an opportunity to learn and have fun.

Any player violating this Player Code of Conduct is subject to disciplinary action as outlined in the Homer Little League Constitution, Article III, Section 4(b).

Print Name of Player

Player Signature: _____

Parent Code of Conduct



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, to the best of my ability, learn, or make an effort to 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 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 the outcome of 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 alcohol, tobacco and other drugs, and I will refrain from their use at all sports events.
17. I will attempt to refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Any parent violating this Parent Code of Conduct is subject to disciplinary action as outlined in the Homer Little League Constitution, Article III, Section 4(a), or the Homer Little League By-Laws, Local Regulations, and Playing Rules.

Name of Parent

Signature of Parent

Date

Name of Parent

Signature of Parent

Date



Little League Volunteer Application -2011

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 a background check on me, 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 _____

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.

Bowl - A - Thon



As you know, fundraising is very important to our Little League program and for that reason, we ask for everyone's support. We've decided to raise money through a bowl-a-thon again this year. Each pledge is a minimum of \$2, but people can pledge as much as they would like. Players will be eligible to bowl for free with a minimum of \$10 in pledges.

Bowling will take place on Sunday, March 25th at Hi-Lanes in Homer. Times TBD.

Prizes!

1st Base- \$30 in pledges raised- Homer Little League White Hat

2nd Base- \$50 in pledges raised- "Special Thanks" Homer Little League T-Shirt

3rd Base- \$75 in pledges raised- "Special Thanks" Homer Little League Shorts

Homerun- Awarded to the player that raises the most pledges- \$100 cash

Player's Name _____ Parent's Name _____

Phone Number _____

E-mail Address: _____

Level: Rookie Diamond Vosburgh Little League

Shirt Size: Youth S M L XL Adult S M L XL

Short Size: Youth S M L XL Adult S M L XL



Pledges MUST be handed in at Skills Assessment no later than Sunday, March 4th to be eligible to win prizes.

Any questions, please contact Crystal Lyman at 756-5753 or crystal_580@yahoo.com or Kari St. John at 842-6758 or kari_stjohn@yahoo.com.

