



East Point Little League

Official Player Registration

League Age: _____

BASEBALL ☐ SOFTBALL ☐

PLAYER INFORMATION

[PLEASE PRINT CLEARLY]

Player Name: _____ ☐ Boy ☐ Girl Date of Birth _____

Address: _____ City: _____ ZIP: _____

PARENT/GUARDIAN #1

Name: _____

Cell Phone: _____

Email: _____

PARENT/GUARDIAN #2

Name: _____

Cell Phone: _____

Email: _____

CONSENT

- I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- 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 the local 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.
- I/We understand that parents are expected to perform service in the league's concession stand for a minimum of two scheduled shifts during the season.
- If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated) and age.
- I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, PA shall be final and binding.
- I/We further understand that if any participant on a 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 Little League International Charter Committee or Little League International Tournament Committee.
- I/We agree that our child (candidate) 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 candidate to be placed on a team.
- If applicable, I/We understand that our child (candidate) may be chosen at any time 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.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

FOR LEAGUE USE

Returning Player ☐

New Player ☐

☐ Tee Ball

☐ Minor B

☐ Minor A

☐ Major

☐ 50/70

☐ Junior/Senior

Residency verified by: _____ (Initials)

League Age verified by: _____ (Initials)

Birth Certificate verified by: _____ (Initials)

FORMS COMPLETED

☐ Little League Medical Release

☐ Hillsborough County Concussion Informed Consent

PAYMENT

Registration Fee: \$ _____

Total Paid: \$ _____

Balance Due: \$ _____

☐ Cash

☐ Credit/Debit

Paid Receipt # _____

Payment Received by: _____ (Initials)

NOTES: _____



Hillsborough
County Florida

Parent/Guardian Signature: _____ Date: _____



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 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
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Name	Phone	Relationship to Player
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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: East Point Little League League ID: 309-13-03

Division: _____ Team: _____ Date: _____

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.



Hillsborough County Informed Consent About Concussions and Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires that the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death

What is a Concussion?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body with causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other, or obstacles such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head; and
2. Any change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall

Signs and symptoms that may be reported by the player:

- Headache or pressure in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at:
<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition, a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter 458, Florida Statutes) a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: _____

Signature: _____ **Date:** _____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Player/Legal Guardian Name: _____

Signature: _____ **Date:** _____