



2020 APPLICATION TO PLAY LITTLE LEAGUE

Ukiah Youth Baseball League, Inc. # 405-35-15

P.O. Box 693 Ukiah, CA 95482

Hotline Phone (707) 468-8800

www.ukiahyouthbaseball.com

ukiahbaseball@live.com

Official Use Only

League Age: _____

Birth Certificate

Proof of Residency

Volunteer Application

Signed General Agreement

Player Information

Players Full Name: _____ DOB: _____ Gender: M / F

Physical Street Address: _____ City/Zip: _____

Day Phone #: _____ Eve. Phone #: _____ Cell #: _____

E-mail Address: _____

Parent or Guardian Information

Relationship: _____
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Would like to volunteer for (circle all that apply):
 Manager / Asst. Coach / Team Parent / Scorekeeper

Relationship: _____
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Would like to volunteer for (circle all that apply):
 Manager / Asst. Coach / Team Parent / Scorekeeper

Date of last tetanus shot: _____ Insurance Co. Name: _____

Emergency Contact (other than parents):

Name: _____ Relationship: _____ Phone #: _____

Physician Name: _____ Phone #: _____

Division (circle): T-Ball 4 T-Ball Machine Pitch (6-7) Machine Pitch (8-9) Player Pitch Majors Seniors

Shirt Size (circle): YS YM YL AS AM AL AXL

Players School Name: _____ # of Years Previously Played: _____

Special Requests: _____

(Requests will be considered for T-ball division only, but are not guaranteed.)

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T-ball & Machine Pitch Registration Fee _____ X \$100.00 = \$ _____

Minors, Majors & Seniors Registration Fee _____ X \$125.00 = \$ _____

Additional Sibling Discounts _____ X (\$5.00) = \$ _____

Check # _____ Cash Credit Total Paid \$ _____



General Agreement

1. I/We, the parents/guardians of the above-named candidate for a position on a Ukiah Youth Baseball Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We know that participation in baseball 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.
3. 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..
4. I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) 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, Pennsylvania 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 Tournament Committee.
5. 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.
6. 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. 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.

Parent/Guardian Agreement of Understanding

I/WE understand that Ukiah Youth Baseball Little League has a no tolerance policy. This policy covers players, managers/coaches as well as family members that either play for or attend any Ukiah Youth Baseball Little League function. No verbal or physical threats will be made to teammates, opponents, managers/coaches, umpires, spectators and board members. This also includes No foul language towards teammates, opponents, managers/coaches, umpires, spectators and board members as well as any obscene gesture and/ or unacceptable behavior. I understand that any violation of this policy will result in disciplinary action.

First offense – verbal warning

Second offense – written warning

Third offense – you are removed from any further Ukiah Youth Baseball Little League functions.

I understand and agree to the General Agreement and the Parent/Guardian Agreement of Understanding above.

Signature: _____ Date: _____