

Little League® International Tournament

STATE WINNER'S PACKET



Saturday, July 19th – July 23rd, 2025

1155 University Blvd. SE
Albuquerque, New Mexico 87106



Dear Manager:

Congratulations to you and your team on becoming State Champions!

We look forward to your participation in the Southwest Regional Junior League Tournament and for your team to have the opportunity to earn the title of Southwest Region Junior League Champion and advance to the Junior League World Series in Taylor, Michigan.

As you and your team prepare for this next venture, please review all the instructions in the enclosed winner's information packet. There are several items that will need to be immediately returned to our office. Please be sure that you give these documents your due diligence as we would like to ensure a swift and efficient registration process.

While participating in the Southwest Regional Tournament we would encourage you, your players, and entourage to make new friends and engage with our great volunteers. Like you, they have worked hard and with your participation and engagement look forward to presenting a wonderful tournament for players coaches, spectators, and special guests.

We look forward to seeing you here, engaging with your team and watching them play. If you have any questions, please reach out to us and we'll do all that we can to make the transition from State to Regional as smooth as possible. Until then, we wish you safe travels and best of luck in the Southwest Region Junior League Tournament.

Thank you,

Carlos Garcia
District Administrator, New Mexico – District 8



Congratulations State Champions!

TOURNAMENT INFORMATION

Good luck to each and every team! Remember to bring all required forms, and your team's good sportsmanship! If you have any additional questions or concerns, please contact any of us below:

Tournament Officials

New Mexico District 8 Administrator:

Carlos Garcia

505/459-0202

carlos.nmd8LL@yahoo.com

New Mexico Assistant District 8 Administrator:

Angela Garcia

505/515-7988

angela.garcia234@yahoo.com

New Mexico Assistant District 8 Administrator:

Amanda Lopez

mandip.2001@gmail.com

**NO METAL CLEATS WILL BE
ALLOWED ON THE FIELD.**

Important Team Information:

Team Affidavit Check: Please email your affidavit with the proofs of residency no later than 7/15/2025 to: carlos.nmd8ll@yahoo.com

- Pitching Record and Team Affidavit including league map, the Tournament Verification Form for each player with supporting School Enrollment form or all Proofs of Residency.
- Little League Medical Release form for each player. (See forms)
- Little League Form Release and Waiver form for each person listed on the affidavit. (See forms)
- Team Roster with phonetical spellings where needed.
- Concussion Awareness Training Certificate - Manager and Coaches
- Abuse Awareness Training Certificate - Manager and Coaches
- Diamond Leader Certificate

Zoom Manager Meeting:

Thursday 17th, 2025 6P MST
Zoom link will be provided

**NO METAL CLEATS WILL BE
ALLOWED ON THE FIELD..**

Form Release and Waiver formerly Model Release:

Every team must obtain and complete a Form Release and Waiver for each of their players. The Form Release and Waiver may be obtained from your local District Tournament Director, or a copy is also provided in this packet. Each player's parent must complete a form and return it to the team Manager. Managers should have all forms completed before you get to the Regional Tournament.

All completed Form Release and Waivers must be turned into the Tournament Director

Medical Release:

Each team must have a completed Medical Release Form for each player on the team. The official Little League Medical Release Form may be obtained from your local District Tournament Director or a copy is also provided in this packet. If you are not using the official Little League Medical Release Form, please make sure that the form utilized contains all the same information as required by the official Little League form. It is advised, but not mandatory, to have the form notarized. In case of an accident, a notarized form will make the process go much more smoothly at the hospital.

Little League Headquarters has highly recommended that in addition to the Eligibility Form, Medical Release Form, and Affidavit, that regional tournament teams bring current immunization records with them for each manager, coach, and player in case our medical staff or local hospital needs them.

HEADS UP to Youth Sports Training Certificate and Abuse Awareness Certificate:

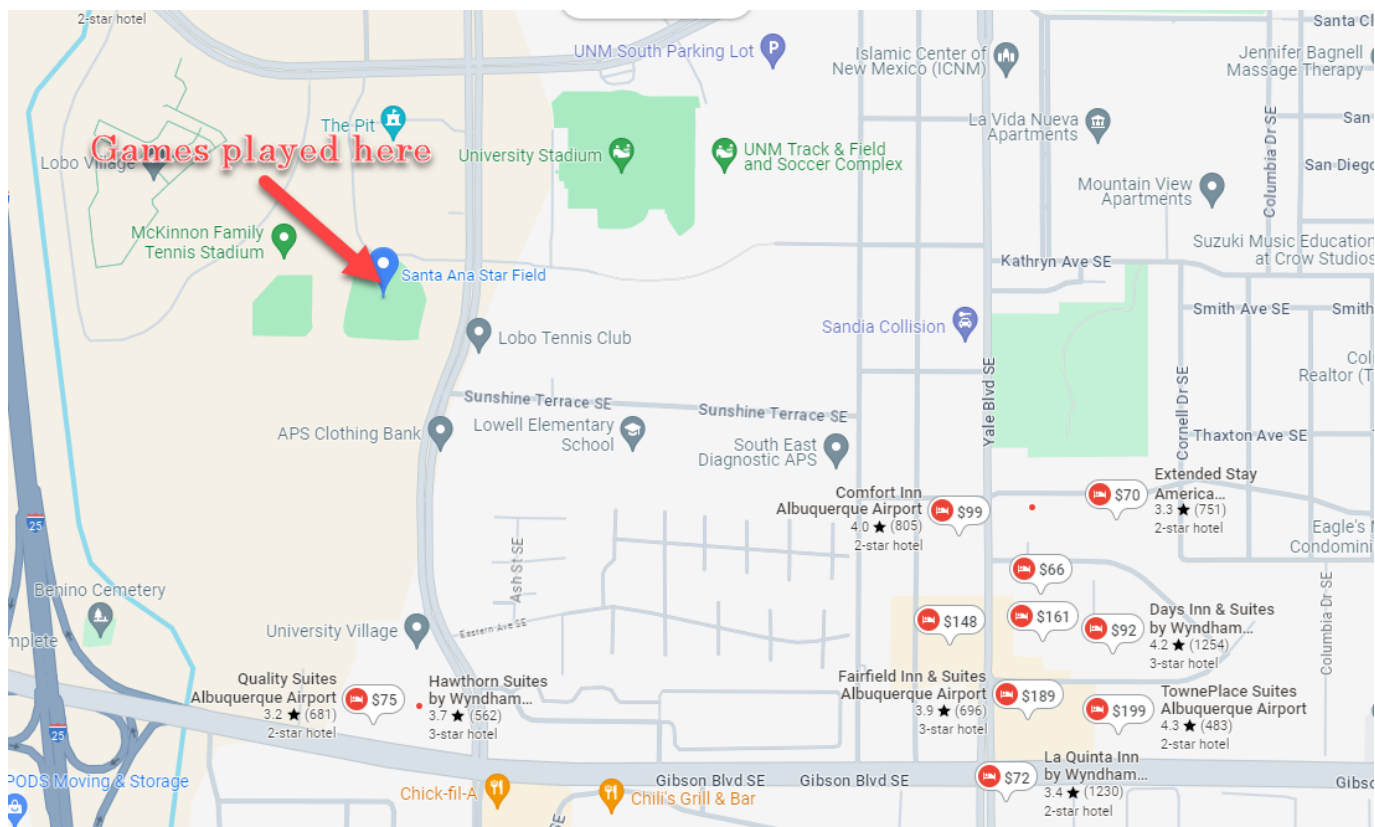
All managers and coaches must have a current Heads Up Certificate before they are allowed on the field. Heads up training certificates can be issued from your home state.

If you do not have a current concussion training certificate you may obtain the training online at:

<https://www.cdc.gov/heads-up/training/youth-sports.html>

Hotel Information:

Albuquerque offers a variety off hotels within a broad spectrum of prices depending on your needs. To find the closest hotel nearest to the Santa Ana Star Fields, please utilize the address of: 1155 University Blvd SE, Albuquerque, NM 87106



Tournament Souvenirs:

Souvenir t-shirts will be available for purchase. We will accept cash or card only. No Tap. 🍷

Tournament Brackets / Practice Facilities:

The tournament bracket is included in this packet. Please note that the tournament bracket is subject to change at any time. There will be no practicing on the field that is being used for tournament play.

We are currently organizing a list of Little Leagues in the area that are available for use during the tournament.

Tournament Facility Information:

Location: Santa Ana Star Field

1155 University Blvd. SE
Albuquerque, NM 87106

The Santa Ana Star facility has zero shade. Please feel free to bring umbrellas and/or pop up tents so long as we are respectful of others view and space. No pets allowed.



FORMS

2025 Junior League Baseball Southwest Regional Tournament

TEAM ROSTER

STATE _____ **LEAGUE** _____

NOTE: Please Type or Print neatly! So that we will have the correct spelling and pronunciation of each player and coach.

NAME (First Last; A-Z by last name)		PRONUNCIATION	#	POS.	BATS	THROWS
ex.	Christian Yelich	YELL-itch	22	OF	L	R
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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11.						
12.						
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M		
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Form Release and Waiver (formerly Model Release)

I _____ ,
(Name)

of _____ ,
(Address)

hereby give permission to New Mexico District 8 Little League to use photographs, voice recordings, or video taken of me during the games and events associated with Local League in any manner to help promote the league activities as determined in the sole discretion of the Local League. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I understand that neither I nor my child/ward will receive any compensation if such image appears in any of the manners listed above or any other manner that the league deems appropriate. I agree that such image is the property of Local League.

(Signature) (Date)

(If the above is a minor, the section below must be completed by a parent or guardian)

I _____ ,
(Name)

of _____ ,
(Address)

the ☐ parent ☐ guardian of the above listed minor, hereby give my permission to
(check one)

New Mexico District 8 Little League to use photographs, voice recordings, or video taken of the above listed minor during the games and events associated with Local League in any manner to help promote the league activities as determined in the sole discretion of the Local League. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Local League.

(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: _____ League ID: _____

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.

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

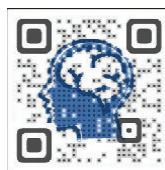
What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to
www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

0 I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

0 I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

2025 Southwest Junior Regional Tournament

Albuquerque New Mexico

