

- ☐ Proof of residency
- ☐ School Form
- ☐ Birth Certificate

**SPRING 2026**

**BOUNDARIES**  
IN  
OUT  
SCHOOL  
WAIVER

**BASEBALL SEASON**  
**★ Chollas Lake Little League ★**

**League Age**  
  
As of 8/31/26

**Players Name** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Does Player Reside with** Father Mother Both Other \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Work/Cell #** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Work/Cell #** \_\_\_\_\_

**Email Address:** (Used for Little League Business) \_\_\_\_\_

**Name of School Player attends** \_\_\_\_\_

**Did Player Participate Last Year?** Yes No **If yes, League Name** \_\_\_\_\_

**If CLLL What Division/Team Name** \_\_\_\_\_

**\*\*Registration fee includes: Hat & Shirt for player\*\***

**T-Ball: \$100 Caps: \$150 Minors: \$165 Majors: \$190 Juniors: \$190**

- ☐ \$10 sibling discount (applied during registration)
- ☐ \$10 early bird discount (applied during registration)
- ☐ \$30 late fee after (01/03/2026)

**Registration \$** \_\_\_\_\_ **Jersey shirt size** \_\_\_\_\_

**Cash/Check #** \_\_\_\_\_ **Debit/Charge** \_\_\_\_\_ **TOTAL AMOUNT PAID** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Registration fee is non-refundable**



# Little League· Baseball and Softball

## MEDICAL RELEASE



**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 a 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
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

**\*\*\*If not taking medication write in none\*\*\***

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 D: \_\_\_\_\_

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.

# 2026

## Chollas Lake Little League

### ***Photographic and Video Release Form***

I \_\_\_\_\_ (Parent or Legal guardian),  
of \_\_\_\_\_ (player's name), hereby give permission to Chollas Lake Little League, to use photographs and video taken in any publication, media release, commercial venture, advertisement or promotional announcement, electronic or otherwise. I agree that neither I, my family, nor any organization is due any compensation if such images appear in any publication, media release, commercial venture or promotional announcement, electronic or otherwise. I agree that such images are the property of Chollas Lake Little League Baseball. I understand that Chollas Lake Little League may supply this image for use in any commercial venture or advertisement not published/produced for/by Little League Baseball and Softball.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

League Representative Initials: \_\_\_\_\_

### ***League Fundraiser***

Parent agreement to participate in league Fundraiser/Hit-A-Thon.

I agree to participate in the League fundraiser. I agree to be financially responsible for either the league required amount for the fundraiser/Hit-A-Thon or to opt out by donating to **Chollas Lake Little League the amount of \$50.00.**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

League Representative Initials: \_\_\_\_\_

### ***Parent Volunteer Expectations***

Every parent is required to fulfill a shift of a minimum 2 hours in the snack bar or Field clean-up for their team or teams. We need the support of all parents to ensure that the snack bar and fields can remain open. I agree to volunteer in the Snack Bar /Field clean-up for a minimum 2 hours. Chollas Team parent will have the schedule sign up sheet during the season. If I am unable to cover a shift I have the option to opt-out by donating to **Chollas Lake Little League of the amount of \$50.00.**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

League Representative Initials: \_\_\_\_\_

# Chollas Lake Little League

## Parent Code of Conduct

### Preamble:

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 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 other 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 wellbeing 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 participant 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 deemphasize 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 drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature / Date:

# Chollas Lake Little League

## CONCUSSION INFORMATION SHEET

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality change

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a healthcare professional says it's OK. Children who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime. • Tell your child's manager about any recent concussion. Managers should know if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell the coach.

### WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

**LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN** For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_ Athlete Name (print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Name (print) \_\_\_\_\_

## ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS Information Sheet - Acknowledgement of Receipt and Review

### What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of young people, too. However, the causes of sudden cardiac arrest in youth and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. **SCA is not a heart attack.** A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is Sudden Cardiac Arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 people under 25 die of SCA each year. Sudden cardiac arrest is the #1 cause of death for student athletes and the leading cause of death on school campuses.

### Are there warning signs?

Although SCA happens unexpectedly, some people may experience symptoms, such as:

- Fainting or seizures during exercise
- Dizziness
- Chest pains
- Unexplained shortness of breath
- Extreme fatigue
- Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parents or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;
  - Fainting or seizures during exercise
  - Dizziness
  - Chest pains
  - Unexplained shortness of breath
  - Extreme fatigue
  - Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.*

Page 1 of 2, signatures required on second page

### What are the risks of practicing or playing after experiencing symptoms of SCA?

There are risks associated with continuing to practice or play after experiencing SCA symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

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Dizziness      Extreme fatigue  
Chest pains      Racing heart
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- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.*

_____	_____	____/____/____
Signature of Athlete	Print name of Athlete	Date

_____	_____	____/____/____
Signature of Parent/Guardian	Print name of Parent/Guardian	Date

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

# Chollas Lake Little League Code of Conduct

## Sportsmanship Contract

CLLL is committed to providing every participant in CLLL with a positive baseball experience. Every participant in CLLL, the players, managers, coaches, board members, umpires and parent helpers is a volunteer. The league spends a tremendous amount of time and money supporting its participants with training, facilities and equipment to provide the best experience possible. The fabric of an all volunteer, participation league is held together by good sportsmanship and the mutual respect of everyone involved. CLLL believes that every participant deserves to be treated with respect. To this end, the league has developed a **CODE OF CONDUCT AND SPORTSMANSHIP** commitment form for all of its participants.

### Parent/Guardian Role in Supporting Sportsmanship

Parents/Guardians play an important role in supporting sportsmanship as a mentor-role model for their children. There are four roles in youth sports – player, coach, official and parent. By choosing the parent role, Chollas Lake Little League (CLLL) expects parents to act as mentor/role models for their children and support the League's efforts to promote sportsmanship.

There will be zero tolerance for parents who intimidate, interfere with, physically or verbally abuse coaches, players, officials, parents or other fans at any League practices, games or other events. CLLL expects a high standard of sportsmanship from players, coaches and officials and expects the same standard of conduct for parents/guardians of children registered to play.

The consequences of not following the parental rule of conduct **will** result in League action. On first offense you will be contacted by the CLLL Player Agent and warned that your behavior is not following the League sportsmanship code of conduct. If a second offense occurs the matter will be discussed by the full CLLL Board and could result in your child being dismissed from playing in CLLL for the year. By signing this form you are acknowledging your commitment to this policy.

\_\_\_\_\_ will abide by the rules and CLLL Code of Conduct

(Player's Name)

And Sportsmanship. I will always treat my teammates, my opponents, the umpires and spectators with the highest level of sportsmanship and with respect. I understand that I will be held accountable for my actions while participating in CLLL events.

\_\_\_\_\_  
(Player Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)