



PLAYER REGISTRATION SEASON: 2024

INTERNAL USE ONLY

League Age _____

Proof of residency: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Medical Release: <input type="checkbox"/> yes <input type="checkbox"/> no
School Form: <input type="checkbox"/> yes <input type="checkbox"/> no	Code of Conduct: <input type="checkbox"/> yes <input type="checkbox"/> no
Waiver Needed: <input type="checkbox"/> yes <input type="checkbox"/> no	Concussion Form: <input type="checkbox"/> yes <input type="checkbox"/> no
Birth certificate: <input type="checkbox"/> yes <input type="checkbox"/> no	Fees Paid : ___ yes ___ no
Checked by _____	

Player info: returning player new to SCLL

first name	middle initial	last name
nickname (what does your child prefer to be called?)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
date of birth (mm/dd/yyyy)		League Age (Age as of Aug 31st, 2024)
street address (no p.o. boxes!)		
city	state CA	zip code
school name		grade
shirt size: MAJOR division only <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

Parent/Guardian 1 Info

first name	middle initial	last name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
home phone		<input type="checkbox"/> Primary
work phone		<input type="checkbox"/> Primary
mobile phone		<input type="checkbox"/> Primary
email address		
occupation		

Terms and Conditions

I, the legal guardian of the above named player ("Candidate") for a position on a Little League Team, hereby give my approval to participate in any and all Little League Activities with San Carlos Little League, Little League Inc., and its affiliates ("SCLL"), including, but not limited to transportation to and/or from activities and to be bound by all terms and conditions contained herein:

- I understand that participation in Little League sports may result in serious injury and protective equipment cannot prevent all injuries, and do hereby waive, release, absolve, indemnify, and agree to hold harmless from any claim SCLL and its Organizers, Sponsors, Supervisors, Participants, League Officials, and any person transporting Candidate, arising out of any injury to the Candidate whether the result of negligence or for any other cause.
- I agree to return upon request any equipment issued to the Candidate in as good conditions as when received except for normal wear and tear.
- I agree that the Candidate may be required to try out for a team. If such does not attend at least 50% of scheduled tryouts, the local Board of Directors' approval is required for the Candidate to be placed on a team.
- I understand that the 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 agree to provide proof of legal residence and age; acceptable proofs are determined by SCLL and/or Little League Inc. I understand that the Candidate must be eligible under the residence and age regulations of Little League, Inc. to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I further understand that if any participant on a Little League team does not qualify for participation at SCLL based on residency,

Parent/Guardian 2 Info

first name	middle initial	last name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
home phone		<input type="checkbox"/> Primary
work phone		<input type="checkbox"/> Primary
mobile phone		<input type="checkbox"/> Primary
email address		
Occupation		

Emergency Contact (other than parents)

first name	last name
relationship to player	
phone 1	phone 2

Special requests (note: buddy/coach requests are for T-ball only)

buddies
coach/manager
comments

school location and/or age, such participant and/or team on which he/she participates may be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

- I hereby give consent to use my player's image or likeness, to include but not limited to drawings, photographs, video, in digital or printed form for the purpose of advertising, promotion, sponsorship or for any activity sanctioned by SCLL. I understand that I will not receive remuneration or any other consideration for SCLL's use of said images. I agree to indemnify and hold harmless SCLL, including current and past League Officers, Volunteers, Agents or Contractors for any such use by SCLL or any other party.
- I assume any and all risk for my vehicle(s) when parking at or near SCLL's property. I agree to hold SCLL harmless for any loss as a result of damage and/or theft to my vehicle(s).

I understand and agree to all of the Terms and Conditions.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature



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 GUARDIAN AUTHORIZATION:

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)/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)

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.

Sport Parent Code of Conduct

We, the San Carlos Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

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 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 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:

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

Player Signature

Parent/Guardian Signature

SAN CARLOS 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 changes

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, and 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 health care 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!

Adapted from the CDC. For more information you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____

Date

Parent or Legal Guardian Signature _____

Date

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

Why do heart conditions that put kids at risk go undetected?

While a youth may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active youth
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Youth experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because youth are embarrassed they can't keep up
- Youth mistakenly think they're out of shape and just need to train harder
- Youth (or their parents) don't want to jeopardize playing time
- Youth ignore symptoms thinking they'll just go away
- Adults assume youth are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put youth at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Kid's Heart

Educate yourself about sudden cardiac arrest, talk with your kids about warning signs, and create a culture of prevention in your youth's sports organization.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your youth how they feel
- Take a cardiac risk assessment with your youth each season
- Encourage youth to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active youth should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my child has warning signs or risk factors?

- State law requires youth who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your youth should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my youth is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and youth can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✓ Family history of known heart abnormalities or sudden death before age 50
- ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Youth

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

Their life depends on your quick action!

CPR can triple the chance of survival.

Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

To learn more, go to **KeepTheirHeartInTheGame.org**

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your child or teen and have each person sign below.

Detach this section below and return to your sports organization.

Keep the fact sheet to use at your kids' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

ATHLETE NAME PRINTED

ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my youth and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

While missing a game may be inconvenient, it would be a tragedy to lose a young athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

