



Non All-Star Player Document Checklist

Thank you for registering for the Patriot Baseball League 2026 Spring Season!

If Your Player Has Previously Been a District 33 All-Star...Please use the Former All-Star Player Packet, [found here](#).

Next Step: Document Turn-In Days

Our first Document Turn-In Day is:

 Saturday, November 22nd  9:00 a.m.–12:00 p.m.
 Shira Field (7001 Murray Park Dr., Field #7)

Players do not need to attend.

If you can't make it, the final Document Turn-In Day is:

 Saturday, December 6th  9:00 a.m.–12:00 p.m.
 Shira Field (7001 Murray Park Dr., Field #7)

-  Players who do not submit all required documents by the final turn-in date will be placed on the waitlist.
-  Do NOT Upload or Email Documents. All forms and proofs of residency should be turned in in person.

Please Bring These Completed Documents to Document Turn-In Day

(Required each season, even if previously submitted)

- ☐ Media Waiver/Terms & Conditions Form
- ☐ Medical Release
- ☐ Concussion Form (must be signed by both parent/guardian & player)
- ☐ Sudden Cardiac Arrest Form (must be signed by both parent/guardian & player)
- ☐ Player Code of Conduct (must be signed by player)
- ☐ District 33 Parent Code of Conduct
- ☐ Birth certificate (for verification only—we don't keep it)
- ☐ Proof of Residency (3 proofs—one from each group) OR School Enrollment Form (if using school address for eligibility)

Assessments

-  Dates: Saturday, January 10, 2026 or Saturday, January 11, 2026
-  All players must be assessed to be drafted onto a Spring team.
-  You'll self-select your assessment day/time at Document Turn-In Days. Time slots are limited per day and are first-come, first-served.

Need help?

Please contact Player Agent, Sandy McCann, at playeragent.patriotleague@gmail.com

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Patriot Baseball League Releases

Player's Name: _____

Player's DOB: _____

TERMS AND CONDITIONS OF LITTLE LEAGUE

I/We, the parents of the above named candidate for position on a Senior/Junior league team, hereby give my/our approval to participate in any and all Senior/Junior league activities, including transportation to and from the activities. **I/We** know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players. **I/We** do hereby waive, release, absolve, and agree to hold harmless the local Little League, Little League Baseball Inc., the organizers, sponsors, 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, except to the extent and in the amount covered by accident or liability insurance. If applicable, **I/We** agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. **I/We** will furnish a certified birth certificate of the above-named candidate to League Officials. **I/We** agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at http://www.littleleague.org/Assets/forms_pubs/tournaments/Residence-Eligibility-Requirements.pdf) 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 International Tournament Committee. **I/We** agree that our child (candidate) will 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. **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's Signature: _____ Date: _____

WEBSITE/SOCIAL MEDIAS/PUBLISHED DOCUMENTS – PHOTOS AND INFORMATION

_____ I hereby give permission to Patriot Jr/Sr League to use photographs, voice recordings, or video taken of the below listed minor during games and events associated with the league in any manner to help promote the league activities as determined in the sole discretion of the 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 the league.

_____ I hereby **DO NOT** give permission to Patriot Jr/Sr League to use photographs, voice recordings, or video taken of the below listed minor during games and events associated with the league in any manner to help promote the league activities as determined in the sole discretion of the 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 the league.

I am the parent/legal guardian of the following minor child and fully agree to the directive as indicated above.

Player's Name: _____

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____

Little League® Residency and School Attendance Eligibility Checklist

Players are eligible to play with that league only if they reside, or the physical location of the school where they attend classes is, within the boundaries provided to, and approved by, Little League® International. Complete Residency and School Attendance Eligibility Requirements can be found in the current year's Little League Official Regulations, Playing Rules, and Policies rulebook.

NOTE: Players who established "residence" or "school attendance" for regular season and/or tournament in a prior season using the Tournament Player Verification form, and can produce the form with proper proofs and signatures, will NOT need to complete a new Tournament Player Verification form.

Residency Shall be Established and Supported by:

Documents containing the full residence which includes **parent(s) or court-appointed guardian(s) name, street address, city, state, and zip code information, dated or in force between February 1 of the previous year and February 1 of the current year, from ONE or more documents from EACH of the three groups outlined below:**

GROUP 1	GROUP 2	GROUP 3
CHOOSE AT LEAST ONE OF THE FOLLOWING: ☐ Driver's license ☐ School records ☐ Vehicle records (e.g. registration, lease, etc.) ☐ Employment records ☐ Insurance documents	CHOOSE AT LEAST ONE OF THE FOLLOWING: ☐ Welfare/child care records ☐ Federal records (e.g. federal tax, social security, etc.) ☐ State records ☐ Local (municipal) records ☐ Support payment records ☐ Homeowner or tenant records ☐ Military records	CHOOSE AT LEAST ONE OF THE FOLLOWING: ☐ Voter's registration ☐ Utility bills (e.g. gas, electric, phone, heating, etc.) ☐ Financial records (loan, credit, investments, etc.) ☐ Medical records ☐ Internet, cable, or satellite records

Note 1: Three documents from the same group constitute only ONE document.

Note 2: Certain documents may be used in different Groups, but will count for only one Group per child. Example – If a water/sewer bill is used to satisfy Group II as a municipal record, that same bill CANNOT be used as a utility bill to satisfy Group III.

School Attendance Shall be Established and Supported by:

A document indicating enrollment for the current academic year, dated prior to October 1 of previous year, and with the physical location of the school from **ONE of the following categories:**

- ☐ Official/Certified School enrollment record
- ☐ The Little League-issued school attendance form completed by the principal, assistant principal or administrator to sign on behalf of the school

NOTE: A school-issued report card/performance record will no longer be accepted to establish school attendance.



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 FOR PARENTS AND PLAYERS

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 signs listed below 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. The individual may report symptoms, you observe signs:

Appears dazed or stunned	Is confused about assignment or position
Forgets an instruction	Is unsure of game, score, or opponent
Moves clumsily	Answers questions slowly
Loses consciousness (even briefly)	Headache or "pressure" in 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"	Shows behavior or personality changes
Can't recall events prior to or after hit or fall	

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 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 be informed 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 him or her.

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 from activity may not return to play or practice 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 _____

Athlete Name (print) _____

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name (print) _____

ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS

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 | *Unexplained shortness of breath | *Dizziness |
| *Extreme fatigue | *Chest pains | *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 parent 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	*Unexplained shortness of breath	*Dizziness
*Extreme fatigue	*Chest pains	*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.

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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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

Intentionally left blank in case of double sided printing.

D-33 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.
18. I will not use social media sites to discuss negative opinions about players, coaches, managers and volunteers.

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 _____

Patriot Jr and Sr League Player Code of Conduct

This document presents the expectations for conduct from players in the Patriot Jr and Sr League. Enforcing this Player Code of Conduct allows the league to promote a safe, rewarding, and fun sports experience for our entire community.

Please read the document carefully. Each player is required to acknowledge the Player Code of Conduct before the season begins and must abide by the expectations within this document throughout the entire season.

Violations of the Player Code of Conduct may result in disciplinary action including suspension - either temporarily or permanently as determined by the Board of Directors.

- I will treat the fields/facilities and everyone with dignity and respect, including players, coaches, umpires, parents, and spectators.
- I will demonstrate good sportsmanship at all times.
- I will do my best at practices and during games while also supporting my teammates and encouraging them at all times.
- I will follow the rules of the game and league, and respect the decisions of officials.
- I will avoid violence, intimidation, bullying, profanity, and unsportsmanlike behavior while on the field or anywhere within the Shira Field complex as well as the fields at San Carlos Recreation Center and Seau complex.
- I will arrive on time for practices and games. I will alert my manager in advance if I am unable to be at a game or practice.
- I will prioritize the physical and emotional well-being of all players in the league over winning.
- I understand that my failure to follow the Player Code of Conduct may result in suspension or removal from the team or suspension from league participation. I also understand that any negative behavior on my behalf or my inability to follow league or team rules may result in being ineligible for All-Stars.

Player Name

Player Signature

Date