



# The City of Grove City Parks & Recreation Department

614-277-3050 • Kingston Center: 3226 Kingston Ave., Grove City, OH 43123

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## LITTLE LEAGUE BASEBALL REGISTRATION

SEASON	SHIRT SIZE	CAP SIZE	PANTS SIZE SPRING/SUMMER ONLY
<input type="checkbox"/> Spring/Summer	YOUTH <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL	<input type="checkbox"/> Youth	YOUTH <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL
<input type="checkbox"/> Fall	ADULT <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	<input type="checkbox"/> Adult	ADULT <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL

PLAYER INFORMATION			
CHILD'S LAST NAME	FIRST NAME	MI	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS	CITY	STATE	ZIP
AGE AUG. 31	BIRTH DATE (MM/DD/YYYY)	SCHOOL ATTENDING	
BASEBALL EXPERIENCE (YEARS) <input type="radio"/> Rec.: ____ <input type="radio"/> Travel: ____ <input type="radio"/> School: ____		POSITION EXPERIENCE (YEARS) <input type="radio"/> Catcher: ____ <input type="radio"/> Pitcher: ____ <input type="radio"/> Infield: ____ <input type="radio"/> Outfield: ____	

PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN LAST NAME	FIRST NAME	<input type="checkbox"/> Residential parent/guardian <input type="checkbox"/> Interested in coaching	
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL	
PARENT/GUARDIAN LAST NAME	FIRST NAME	<input type="checkbox"/> Residential parent/guardian <input type="checkbox"/> Interested in coaching	
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL	
EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED)			RELATIONSHIP
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL	

MEDICAL INFORMATION/SPECIAL CIRCUMSTANCES	
Does child have any medical problems/allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____

I hereby grant my approval for the above named to participate in any and all Little League Baseball® activities including transportation to and from the activities.

In consideration of acceptance as a member of the Grove City Parks and Recreation program, I do hereby, for myself, executors and administrators, waive, release and forever discharge of all claims for any and all damages, which may be sustained and suffered by the above child in connection with his/her said association with and/or entry into games, exhibitions and/or practice sessions which may herein after occur to me against the Grove City Parks and Recreation Department, Little League Baseball Incorporated®, the South-Western City School District, their sponsors, administrators all their respective officers, agents, representatives, successors and/or assigns.

In consideration for such recreation and training being afforded my child, I do hereby release and discharge the Grove City Parks and Recreation Department, Little League Baseball Incorporated®, the South-Western City School District, their officers, coaches, assistants and their appointees any and all of them, from any claims, liabilities, damages or demands for any injuries to person or property, sustained by the above named child and resulting from their participation, practice or play for the aforementioned organization. Should the child become ill or injured and a parent or guardian cannot be contacted, permission is hereby granted to call a licensed physician for treatment or to transport said child to a hospital emergency room for treatment. Further the undersigned will indemnify and hold harmless the City of Grove City, its officers, employees, sponsors, administrators, agents and all other persons, whoever, from any and every claim or demand of every kind of character, which may be asserted

by reasons of any injuries or the effects or consequences thereof.

I agree to provide proof of legal residence and age as defined by Little League Baseball Incorporated®. I understand that my child must be eligible under the residence and age regulations of Little League Baseball Incorporated® to participate in the Grove City Little League®, and that if any controversy arises regarding residence or age, the decision of the Charter Committee in Williamsport, Penn., shall be final and binding. I 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® or age, such participant and team on which he/she participates be found ineligible and forfeit or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee. Up to three proofs of residency may be required to participate in Little League® Tournament activities.

I agree to abide by the written rules, policies and spirit of Grove City Parks and Recreation Department and Little League Incorporated®, and that all programs are for the sole benefit of the children participating. I acknowledge the authority of the Administrator of Sports, and agree to abide by any decisions made by the administrator not specifically covered by the written bylaws or policies of Grove City Parks and Recreation Department or Little League Baseball Incorporated®.

I further understand that images are occasionally captured of program and class participants associated with The City of Grove City. These images may be used in a variety of City of Grove City print and electronic promotional materials including, but not limited to, as advertisements, social media postings and the City website.

PARENT/GUARDIAN SIGNATURE	DATE
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FOR OFFICE USE ONLY	
LEAGUE	<input type="checkbox"/> Parent is coach <input type="checkbox"/> Associated with sponsor
	RECEIPT #

DOCUMENTATION:  Birth Certificate  Proof of Residency (Fees)  Proof of Boundary Status Document: \_\_\_\_\_

RESIDENCY (FEES):  Resident  Non-resident LITTLE LEAGUE BOUNDARY:  North  South  Out of Boundary (Waiver Required)



# PARENT/SPECTATOR & PLAYER CODES OF CONDUCT

All participants including players, parents and spectators shall remain supportive of the organization's commitment to the ideals of good sportsmanship and creating a positive, supportive experience for participants by adhering to the following doctrines.

## Parents and spectators shall:

- Support and show respect for all players, coaches, umpires and league officials, and not ridicule or demean players on any team, officials, parents or other program participants.
- Make every attempt to have the youth player on time and ready to play for all games and practices.
- Be a positive role model and do their best to support a positive experience for players.
- Display the principals of good sportsmanship and team play and conduct themselves in a manner that best serves the interests of participants on all teams.
- Inform the coach of any disability or ailment that may affect the safety of a child.
- Comply with the decisions of league officials and observe all rules, policies and procedures as established or endorsed by the Grove City Parks and Recreation Department (GCPR).
- Not question an official's call.
- Be drug and alcohol free while at any GCPR athletic event.

## Players shall:

- Display good sportsmanship and team play at all times and respect all coaches, players, league officials, umpires and spectators.
- Not taunt or use abusive/profane language including racial, sexual or religious disparagements, act abusively toward, or attempt to humiliate any player, coach, official, spectator or GCPR representative.
- Follow the direction of the coaching staff.
- Not abuse or mistreat any GCPR or school equipment or property (e.g., throwing batting helmets).
- Make every attempt to be on time and ready to play for all games and practices.

Grove City Parks and Recreation has a **zero-tolerance policy**, the violation of which could result in an indefinite suspension up to a lifetime ban from Parks and Recreation activities. This includes, but is not limited to:

- fighting
- physical contact
- aggressive behavior towards an individual
- profanity/slurs
- belittlement of players
- violation of the substitution rule

Anyone who fails to conform their conduct to the preceding code of conduct while attending, coaching, officiating or participating in a youth sports event is subject to disciplinary action, including but not limited to the following in any order or combination:

- If an individual is ejected from a game for any reason, that individual must leave the facility, is immediately suspended and will not be permitted at any future practices or games until the sports supervisor has reviewed the incident.
  - The individual ejected, potential witnesses and the official must submit an incident report explaining the situation that resulted in the ejection.
  - Based upon the information provided, the suspension may result in a minimum of a one-game suspension up to permanent removal from all future league activities conducted by Grove City Parks and Recreation.
  - If an individual is ejected from two separate games, that individual will be immediately removed from the league without a refund and will not be permitted at any facility for games for the remainder of the season.
- I agree that youth sports programs play an important role in promoting the physical, social and emotional development of children. Therefore, it is essential for players, parents, coaches, spectators and officials involved in youth sports events to model good sportsmanship and lead by example by demonstrating fairness, respect and self-control.
- I accept any penalties that are assessed to me relating to my behavior.

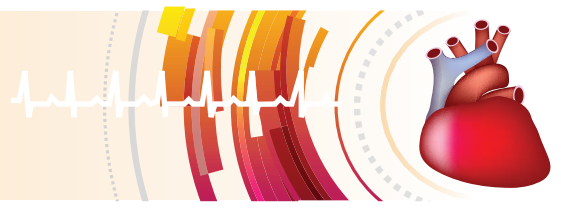
\_\_\_\_\_  
PLAYER NAME

\_\_\_\_\_  
LEAGUE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

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Parent/Guardian Signature

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Student Signature

-----  
Parent/Guardian Name (Print)

-----  
Student Name (Print)

-----  
Date

-----  
Date



# Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: \_\_\_\_\_

League Name: \_\_\_\_\_

League ID#: \_\_\_\_\_

Player/Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Division:</b> (Check One)	Baseball	<b>Level:</b> * (Check One)	Tee Ball	LL (Majors)	Junior
	Softball		Minors	Intermediate	Senior

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

## To be filled out by School Administrator, Principal, or Vice Principal

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print School Name)

\_\_\_\_\_; \_\_\_\_\_ hereby verify that  
(Physical Address) (School Phone Number)

\_\_\_\_\_ has enrolled and is attending the above named school for the \_\_\_\_\_  
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of \_\_\_\_\_  
(Date)

(Signature)

(Date)

Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

\*Only players in Minor 9, Minor 10 or Major leagues interested in being on an all star team need to complete.



# 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

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.