

SANTIAGO LITTLE LEAGUE

2024 BASEBALL / SOFTBALL SIGN UPS

REGISTER & PAY IN FULL BY JANUARY 20 AND SAVE \$10.00

BOYS AND GIRLS 4—14 YEARS OF AGE (As of August 31, 2024)

REGISTRATION:

Mondays & Wednesday, starting 1/8/24

6:00 pm-7:30 pm

Saturdays 1/13/24, 1/20/24, 1/27/24

9:00 am – 12:00 pm

AT EL SALVADOR PARK,

1825 W. CIVIC CENTER DR. SANTA ANA



Softball \$100 for all Levels

T-ball (\$100 per child)

Coach Pitch (\$125 per child)

Machine Pitch (\$145 per child)

Minor AA (\$165 per child)

Minor AAA (\$185 per child)

Majors (\$195 per child)

Intermediate (\$235 per child)

Juniors (\$245 per child)

REGISTRO DE BEISBOL/SOFTBALL

REGISTRESE Y PAGA TODO ANTES DEL DICIEMBRE 31 Y AHORRE \$10.00

NIÑOS Y NIÑAS 4—15 AÑOS (antes 31 de Agosto, 2023)

REGISTRO:

Lunes y Miercoles comenzando 1/8/2024

6:30 pm - 7:30 pm

SABADO 1/13/24, 1/20/24, 1/27/24

9 AM—12 PM

EN EL PARQUE EL SALVADOR,

1825 W. CIVIC CENTER DR. SANTA ANA





Little League Volunteer Application - 2024

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit littleleague.org/LegalB&check for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

ALL RED fields are required.

Name _____ Date _____
 Address _____ Middle Name or Initial _____ Last _____
 City _____ State _____ Zip _____
 Social Security # (mandatory) _____
 Cell Phone _____ Business Phone _____
 Home Phone: _____ E-mail Address: _____

Date of Birth _____
 Occupation _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies: _____
 Community affiliations (Clubs, Service Organizations, etc.): _____
 Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? _____
 If yes, list full name and what level? _____
 Yes No

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____
 Yes No

3. Do you have a valid driver's license? _____
 Driver's license#: _____ State _____
 Yes No

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 4, the local league must contact Little League International.)
 Yes No

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?
 If yes, describe each in full: _____
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
 Yes No

6. Do you have any criminal charges pending against you regarding any crime(s)?
 If yes, describe each in full: _____
 (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)
 Yes No

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization/ineligible list? Yes No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more.)

League Official Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program: _____

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/ByStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____
 Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List) _____

OR

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Proof of completion of Abuse Awareness Training for Adults provided to league



Little League® Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____
 Address: _____ Gender: Male Female
 Address 2 (if applicable): _____ League Age: _____ League Fee: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 My child will tryout for: Baseball Softball

Parent/Guardian Information

Parent/Guardian #1

Name: _____
 Phone: _____
 Email: _____
 Occupation: _____
 Volunteer? Yes No
 If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____
 Phone: _____
 Email: _____
 Occupation: _____
 Volunteer? Yes No
 If yes, fill out "Volunteer Application"

Medical Information

Emergency contact: _____ Insurance carrier: _____
 Relationship to player: _____ Phone: _____
 Phone: _____ Policy: _____

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- (2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, 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.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) 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.
- (5) I/We agree that our child (candidate) may 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.
- (6) If applicable, I/We understand that our child (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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) 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.

Signature: _____ Date: _____

Internal Use Only:

Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned:	_____
Proof of Residency or	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name:	_____
School Enrollment			



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)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal 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/Legal 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.

2024 Little League® Age Chart



Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2020	2020	2020	2020	2020	2020	2020	2020	2019	2019	2019	2019	4
2019	2019	2019	2019	2019	2019	2019	2019	2018	2018	2018	2018	5
2018	2018	2018	2018	2018	2018	2018	2018	2017	2017	2017	2017	6
2017	2017	2017	2017	2017	2017	2017	2017	2016	2016	2016	2016	7
2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015	8
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	9
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	10
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	11
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	12
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	13
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	14
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	15
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	16

NOTE: This age chart is for BASEBALL DIVISIONS ONLY, and only for 2024.