

# **BLACKWOOD KIWANIS LITTLE LEAGUE REGISTRATION**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

I am registering for:  Baseball  Softball  Spring  Fall Year: \_\_\_\_\_

Shirt Size: **Youth**  S  M  L Pants Size: **Youth**  S  M  L

**Adult**  S  M  L  XL **Adult**  S  M  L  XL

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Mother's Mobile Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Father's Mobile Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Last Team Played For: \_\_\_\_\_ Division: \_\_\_\_\_ Season: \_\_\_\_\_

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## **I am interested in helping the league in the following areas:**

Team Manager  Assistant Coach  Field Committee  Umpire  
 Ladies Auxiliary  Snack Stand Leader  Team Mom  Board member

Volunteer Signature: \_\_\_\_\_

(**NOTE:** All volunteers must also submit a background check application.)

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(\* League Use Only – Please Do Not Write Below This Line \*)

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Amount Paid: \_\_\_\_\_  Cash/Check/Visa/MC \_\_\_\_\_

Total Amount of Tickets: \_\_\_\_\_  Ticket Numbers: \_\_\_\_\_

Birth Certificate  Code of Conduct  Tournament Policy  Medical Release

Discounts:  How many? \_\_\_\_\_

Child(ren) name(s), Age(s), and Division(s): \_\_\_\_\_

Player's League Age: \_\_\_\_\_

Division: \_\_\_\_\_

Team: \_\_\_\_\_

League Official: \_\_\_\_\_ Date: \_\_\_\_\_

League Comments: \_\_\_\_\_

# Blackwood Kiwanis Little League

## "Zero Tolerance Policy"

To all Parents:

We at Blackwood Kiwanis Little League are volunteers who provide you and your children with an activity that we believe should be fun. Little League Baseball is only a game. It will not bring you or your children fame or fortune. This organization will only be as good as its participants, their parents and spectators.

It has become apparent in recent years across the country that youth athletic organization participants, parents and coaches have gotten out of hand. Far too often, their aggressive behavior against one another has resulted in either permanent injury or even death.

We regret that this has become necessary, but we are sure you will agree that any organization revolving around children must safeguard those children to the best of their ability. We ask that each of you read and acknowledge your understanding of the terms listed below and know that Blackwood Kiwanis Little League will not tolerate abusive language, poor sportsmanship, and violence, regardless of whether you are a player, parent or spectator. Blackwood Kiwanis Little League reserves the right to prohibit your child from registering to play if his Code of Conduct is not signed.

### **Parent Code of Conduct**

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_. I hereby acknowledge and agree to the following:

1. I will not use abusive language or inappropriate behavior towards another player or his/her parents, coaches or umpires before, during and after a game. There will be a ZERO TOLERANCE.
2. I will not threaten to harm any person or their person property because anything that may have transpired during the course of the game with which I may be dissatisfied.
3. I understand that Blackwood Kiwanis Little League reserves the right to have me and anyone associated with me, including but not limited to my child/children, spouse, grandparent, friend, etc. to be suspended and/or permanently banned from attending games as a spectator due to my inappropriate behavior. I further understand that my child may be expelled from Blackwood Kiwanis Little League due to the violation of this agreement.
4. I understand that Blackwood Kiwanis Little League when necessary reserves the right to file formal charges with the Police Department against me for the violations of the above terms and conditions, which is supported by Township Ordinance.
5. I understand that Little League Baseball has rules that define the specifications for equipment; for example, composite bats are illegal to use. Anyone found using illegal or modified equipment that fall outside the rules of Little League Baseball will be subject to the Zero Tolerance Policy. Always refer to Little League's website for details of authorized equipment.

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

Date \_\_\_\_\_

We, the Blackwood Kiwanis 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 wellbeing 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.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

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

# Blackwood Kiwanis Little League

## Tournament Policy

To all Parents:

We at Blackwood Kiwanis Little League offer an in-house, regular season baseball program to all children. At the conclusion of the regular season, we offer a competitive, tournament program. All players in the Minors – AA, Minors - AAA, Majors, Juniors, and Seniors divisions are eligible to tryout for a roster spot on a team provided they meet eligibility requirements.

One of the eligibility requirements for playing tournament baseball is that the player resides within the Blackwood Kiwanis Little League boundary as defined by Little League Baseball Inc.

Additionally, the ability to fulfill attendance commitments is paramount in being considered for a roster spot. All players are expected to make a 100% commitment for all games. Practices may be missed with prior approval from the manager ONLY up until a tournament begins. Once a tournament begins, 100% attendance for practice is required. Any unexcused absences may result in dismissal from the team.

Another commitment is a parental commitment. During post season tournament play, Blackwood Kiwanis Little League may organize an Invitational tournament and/or host district tournament games. Each parent will be required to assist in the hosting of these games by performing such tasks including but not limited to snack stand operator, scorekeeper, field prep, field cleanup, pitch count operator, PA announcer, etc.

There are two types of tournament teams – district teams and invitational teams. Little League District tournaments begin at the age of 9. The teams are broken down into the following age groups – 9/10, 10/11, 11/12, 13/14, 15/16. If a child is selected to a tournament team, the child may only play for that team during the tournament play. Invitational teams have a wider range of age categories, beginning with 7U. Players may play for more than one team provided that they meet eligibility requirements and that they are not playing for a Little League District team during a Little League District tournament. Additionally, if a player is selected to more than one team, the player has allegiance to his/her age group first. For example, if an 8 year old is selected to both a 9U and an 8U team, the player is obligated to play for the 8U team if there is a scheduling conflict for both teams whether practice or games. However, if the conflict is for a game versus practice, then the game takes precedence.

Finally, playing time requirements for tournament team varies drastically from the regular season. During the tournament season, players are required by Little League Baseball to receive one at-bat and play three, consecutive defensive outs in the field. Invitational tournament rules may vary. Whatever the case, playing time is determined by the manager of the tournament team. The BKLL Board of Directors will not intervene with the manager's decision.

### Parent Tournament Policy Agreement

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_. I hereby acknowledge and agree to the following:

1. I have confirmed my residence in relation to the Blackwood Kiwanis Little League boundary and understand that my child is (league official circle) eligible or ineligible to tryout for a Blackwood Kiwanis Little League tournament team.
2. I understand that the attendance commitment and the consequences of not adhering to it.
3. I understand the parental commitment of performing one duty per tournament child during a Blackwood Kiwanis Little League hosted tournament game.
4. I understand that the manager is responsible for setting the lineup, determining playing positions, and allotting the amount of playing time for each player.
5. I understand that the Regular Season Blackwood Kiwanis Little League Code of Conduct applies to and shall continue to be in effect through tournament season play as well and that the Blackwood Kiwanis Little League reserves the right to have me and anyone associated with me, including but not limited to my child/children, spouse, grandparent, friend, etc. to be suspended and/or permanently banned from attending games as a spectator due to my/their inappropriate behavior. I further understand that my child may be expelled from Blackwood Kiwanis Little League due to the violation of the code of conduct agreement. I understand that Blackwood Kiwanis Little League when necessary reserves the right to file formal charges with the Police Department against me for the violations of the above terms and conditions, which is supported by Township Ordinance.

I understand and agree to the above policy.

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

Date \_\_\_\_\_



# 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 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.



# Little League® Volunteer Application - 2018

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # (mandatory with First Advantage or upon request) \_\_\_\_\_

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? Yes  No

If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No

If yes, describe each in full: \_\_\_\_\_

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

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:**

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

ASA 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):  
**Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable**

\* First Advantage  Sex Offender Registry Data along with National   
Criminal Records check of at least 281 million records

*\*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.**

# Little League® “Returning” Volunteer Application - 2018

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

**If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.**

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?

If yes, describe each in full: \_\_\_\_\_ Yes No

2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Manager           | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Umpire          | <input type="checkbox"/> Scorekeeper       |   |

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 Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Please update ONLY the information in this section which has changed since last year.**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name/Phone \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years (s)): \_\_\_\_\_

**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:**

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked): Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

\*First Advantage

Sex Offender Registry Data along with National Criminal

Records check of at least 281 million records

\*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.**