



Northern Cayuga Little League

Jordan-Elbridge • Port Byron • Skaneateles • Weedsport

Jordan Elbridge Little League- 2020 Registration

Eligibility: Any child who resides within the J-E School District and whose playing age is between 5 and 12

www.townofelbridge.com

PRINT FIRMLY AND CLEARLY – SIGNATURES REQUIRED

[] []

 Players Last Name First Male / Female

 Street Address

 City State Zip

Date of Birth: _____ Baseball Age →
 Month / Day / Year

School District _____ Grade _____ Years Played _____

Is Residence within the School District [] Yes [] No

 Parent/Legal Guardian Phone # Cell #

 Parent/Legal Guardian Phone # Cell #

 E-Mail Address

Level of Play: Subject to change based on Registration Numbers

SOFTBALL

- Girls Coach Pitch (Ages 7&8)
- Girls Minors (Ages 9&10)
- Girls Majors (Ages 11&12)

BASEBALL

- Boys Pony (Ages 7&8)
- Boys Minors (Ages 9&10)
- Boys Majors (Ages 11&12)

12 yr olds must be selected to a Majors team.

Co-Ed Tee-Ball (Ages 5&6)

HOW TO DETERMINE YOUR CHILD'S BASEBALL/SOFTBALL AGE:

- Boys Baseball: Child's age on September 1, 2020
- Girls Softball: Child's age on January 1, 2020

UNIFORM SHIRT SIZE – Circle One

YOUTH: S (6-8) / M (10-12) / L (14-16)
ADULT: Small / Medium / Large / X-Large

****REGISTRATION****

NO REGISTRATIONS GUARANTEED AFTER FEB. 28th

~ FEES ~

Co-Ed Instructional League – \$25; PONY / Coach Pitch - \$45
Softball / Baseball Minor and Major Levels - \$65

Mail Completed Form with Payment to:

Town of Elbridge P.O. Box 568 Jordan, NY 13080

For electronic registration please visit:

<http://northerncayugalittleleague.com>

click "register", create new account, follow prompts

Checks Made Payable To: Town of Elbridge

**** Copy of birth certificate required unless already on file**

**** Late registrations will only be accepted based on team numbers and openings.**

For More information: 315-378-8004 / srdirector@townofelbridge.com

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NCLL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Baseball/Softball and in consideration for the NCLL accepting the registrant for its Baseball/Softball programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the NCLL, its affiliated organizations and sponsors, and their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____
Parent/Legal Guardian (Please Print)

Signature X _____

PARENT CODE OF CONDUCT

As the parent or legal guardian of the above-named player, I hereby state that I have read the Little League Parent Code of Conduct and agree that I and my guests will abide by the Little League Code while in attendance at any Little League game, practice or function. Failure to comply with this Code of Conduct will result in expulsion from all Northern Cayuga Little League complexes. A signature is required in order for a minor to participate in Little League.

Signature of Parent/Guardian X _____

SPONSOR

WOULD YOU LIKE TO SPONSOR A TEAM? [] Yes [] No

Forms can be downloaded from our website and sent in with your registration.

COACHING & UMPIRES

Yes – I would like to be a Team Manager (Name) _____

Yes – I would like to be an Assistant Coach (Name) _____

Yes – I am interested in Umpiring (Name) _____

IF SELECTED

ADULT SHIRT SIZE – Circle One - S / M / L / XL / XXL / XXXL

A Volunteer form must be filed out with a photo copy of driver's licenses. Form can be downloaded from our website.



Little League Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or tournament Team Manager together with team roster or eligibility affidavit.

Player: _____

Date of Birth: _____

League Name: Northern Cayuga Little League

I.D. Number: 232-05-04

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)

Name of Insurance Company or Program

Family Physician Phone

Insurance ID # or Contract #

Physician Address

Any Known Medical Problems or Limitations above Player Has

Hospital Preference

In case of emergency contact: (Please list parent / guardian first)

Name	Home Phone	/	Cell Phone	Relationship to Player

Name	Home Phone	/	Cell Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: _____

Mr. /Mrs. /Ms. _____

Authorized Parent/Guardian Signature

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.