

# 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** XS S M L XL      Pants Size: **Youth** XS S M L XL  
**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: \_\_\_\_\_  
\_\_\_\_\_

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

## **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.)

## **SNACK STAND COMMITMENT:**

Every family in the league is asked to pay a one-time \$25 Work Bond. You will be assigned to work 1 night in the snack stand for **each child** you register. Once you have worked your assigned night(s), your Work Bond will be refunded.

### **Your Work Bond will be forfeited if:**

- A) You do not work your assigned night(s) during the season.
- B) You willingly choose not to help in the Snack Stand (Indicate this by checking the box below).

By signing below you are indicating that understand the Snack Stand / Work Bond Commitment.

Snack Stand Parental Signature: \_\_\_\_\_

- I prefer to work the Snack Stand during my child's game.  
 I prefer to work the Snack Stand when my child is **NOT** playing.  
 I do not wish to help in the Snack Stand, keep my Work Bond as compensation.

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

Amount Paid: \_\_\_\_\_  Cash/Check/Visa/MC \_\_\_\_\_  
 Total Amount of Tickets: \_\_\_\_\_  Ticket Numbers: \_\_\_\_\_  
 Work Bond  Birth Certificate  Code of Conduct  Tournament Policy  Medical Release  
Discounts:  How many? \_\_\_\_\_ Child(ren) name(s) and Division(s): \_\_\_\_\_  
League Age: \_\_\_\_\_ Division: \_\_\_\_\_ Team: \_\_\_\_\_  
League Official: \_\_\_\_\_ Date: \_\_\_\_\_  
League Comments: \_\_\_\_\_

# Blackwood Kiwanis Little League

## Code of Conduct – “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 your 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian Signature)

I understand that a parent or guardian is expected to attend the Mandatory Parents Meeting on Thursday March 8, 2012. If a parent or guardian does not attend Blackwood Kiwanis Little League reserves the right to prevent the child from participating and withhold their uniform until a parent or guardian meets with a Blackwood Kiwanis Little League Official.

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

---

## Parent's Reminder

BKLL Hotline: (856) 232-9336

BKLL Website: <http://www.bkll.com>

### Mandatory Parents Meeting:

**Date:** Thursday, March 8, 2012  
**Location:** Highland High School Auditorium  
**Times:** 7:30 PM

### Tryouts:

**Date:** Saturday, March 3 / Sunday, March 4  
**Location:** BKLL Complex  
**Times:** See Handout or Website for details

# 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 eligibility 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 -2012

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 \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

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

Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_

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

Do you have a valid driver's license: Yes  No

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

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

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

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?  Yes  No If yes, describe each in full: \_\_\_\_\_

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  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

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

**Name/Phone**

\_\_\_\_\_  
\_\_\_\_\_

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, 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):

Sex Offender Registry  Criminal History Records  \*LexisNexis

*\*Please be advised that if you use LexisNexis 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.**