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Mid Island Little League
 3665 Victory Blvd
 Staten Island, NY 10314
 347-861-0010
 www.midislandlittleleague.com

Missing

Entered by	Date
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Registration Year:

Registrants Information: New registrants MUST attach copy of Birth Certificate

Last Name	First name	DOB	Age as of: Boys 8/31/24 Girls 12/31/23	Sex M/F	Anticipated Division	New

Family Information; Please Attach THREE Proofs of Residency

Fathers Last Name	Fathers First Name	Occupation	Cell Number
Mothers Last Name	Mothers first Name	Occupation	Cell Number
Address	Home Phone Number	Father Email	Mother Email

Conditions

1. Eligible 10 and up players that refuse to play in the majors will remain in the minors for their entire LL career.
2. Children may be moved up to another division during the season as needed and determined by the league.
3. We cannot guarantee placement of children with specific coaches, friends, relatives. Determined by draft.
4. To be placed on a team all players 6 and up must attend tryouts.
5. No refunds will be issued due to your child not making the division or team of your choice.

I understand and agree to the terms and conditions stated above and the policies of Mid Island Little League. I assure that all the information provided is correct and accurate.

Signature		Date	
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For Office Use Only

Manager		Farms		American		Girls Minors	
Coach		National		Majors		Girls majors	

Office Use

1 Boy in League \$450

1 Child in Farms \$200

1 Girl in League \$300

Each Additional Child \$100

Total \$ _____

Reg. Due		Sponsor		Total Due	
Paid		Date			
Cash		Check		Venmo	
Received by					
Balance Due		Date			
Cash		Check		Venmo	
Received by					

Model Release

I _____ of _____ hereby give
(Name) (Address)

permission to Mid Island Little League, to use photographs of my child/children
named _____ during the games and
(Children's Name)

events associated with Mid Island Little League in any manner to help promote league activities. Such use could include publication, media releases, announcements, electronic or otherwise, and on the league website or social media pages. I agree that neither I, nor the above listed minors, will receive any compensation if such images appear in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Mid Island Little League.

(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 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.

Sport Parent Code of Conduct

We, the Mid-Island 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 well-being 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