

**BOUNDARIES
IN
OUT
SCHOOL**

**SPRING 2024
BASEBALL SEASON**

League Age

As of 8/31/24

★ Chollas Lake Little League ★

Players Name _____ **Male** _____ **Female** _____
Last First Middle

Address _____ **City** _____ **Zip** _____

Home Phone # _____ **Date of Birth** _____

Does Player Reside with *Father Mother Both Other* _____

Parent's Name _____ **Occupation** _____ **Work/Cell #** _____

Parent's Name _____ **Occupation** _____ **Work/Cell #** _____

Email Address: *(Used for Little League Business)* _____

Name of School Player attends _____ **Did you receive Flyer** _____

Did Player Participate Last Year? *Yes No* **If yes, League Name** _____

If CLLL What Division/Team Name _____

*****Registration covers the cost of shirt, hat and trophy*****

★ Registration Fee ★

(\$10.00 off on Early bird special valid only in November)

**T-Ball:\$95 Caps:\$150 Minors: \$150 Major: \$175 Junior: \$175
(Late fee after 1/7/24) +\$30 fee**

\$10 sibling discount PAYMENT must be made at registration

Registration \$ _____ **suggested shirt size** _____

Check # _____ **Debit/Charge** _____ **TOTAL AMOUNT PAID** _____

NOTES _____

This registration approved by _____ Date: _____
Registration Workers Signature _____



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)/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 a 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)

*****If not taking medication write in none*****

| 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 D: _____

Division : _____ Team : _____ Date : _____

2024

Chollas Lake Little League

Photographic and Video Release Form

I _____ (Parent or Legal guardian),
of _____ (player's name), hereby give permission to Chollas Lake Little League, to use photographs and video taken in any publication, media release, commercial venture, advertisement or promotional announcement, electronic or otherwise. I agree that neither I, my family, nor any organization is due any compensation if such images appear in any publication, media release, commercial venture or promotional announcement, electronic or otherwise. I agree that such images are the property of Chollas Lake Little League Baseball. I understand that Chollas Lake Little League may supply this image for use in any commercial venture or advertisement not published/produced for/by Little League Baseball and Softball.

Parent signature: _____

Date: _____

League Representative Initials: _____

League Fundraiser

Parent agreement to participate in league Fundraiser/Hit-A-Thon.

I agree to participate in the League fundraiser. I agree to be financially responsible for either the league required amount for the fundraiser/Hit-A-Thon or to opt out by donating to Chollas Lake Little League the amount of **\$50.00**.

Parent signature: _____

Date: _____

League Representative Initials: _____

Youth Sports Parent Code of Conduct

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 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 wellbeing 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 own 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 and other players during games and practices, unless I am one of the official coaches of the team.

Parent signature: _____

Date: _____

League Representative Initials: _____

Volunteer Expectations & Opportunities for 2024

Parent Volunteer Expectations:

Every parent is required to fulfill a shift of a minimum 2 hours in the snack bar or Field clean-up for their team or teams. We need the support of all parents to ensure that the snack bar and fields can remain open. I agree to volunteer in the Snack Bar /Field clean-up for a minimum 2 hours. If I am unable to cover a shift I have the option to opt-out by donating to Chollas Lake Little League of the amount of **\$50.00**. A check, cash, money order or cashier check is required upon registration. This will be given back after you have volunteered.

Parent signature: _____ **Date:** _____

League Representative Initials: _____

HERE ARE SOME GREAT VOLUNTEER OPPORTUNITIES:

1. Volunteer for Snack Bar

*Although each family is responsible for fulfilling one shift in the snack bar for their team, we need additional shifts covered. See Catalina Mota if this may be something you are interested in helping out with this.

2. Field Maintenance Committee

*We are not a City maintained field. We do all our own upkeep. This includes picking up trash, emptying trash cans, spraying for weeds, you get the idea. Please see Arnoldo Villasenor and Edwin Ayala if you are interested in helping out.

2024

Chollas Lake Little League Boundaries

It is my (parent) understanding and responsibility to provide proof of residency within the Chollas Lake Little League Boundaries. Proof of residency needs to be supplied to a Board Member or a Player Agent. Failure to provide proof of residency may result in the disqualification for eligibility for play.

I understand that if I cannot provide proof of residency dated after April 1st 2024 which verifies that I currently reside in or have resided in Chollas Lake Little League boundaries while my child/children are playing for the league, they will not be eligible for ALL-STAR selection. Proof of residency needs to be presented and verified by the Chollas Lake Little League President, Vice President, or Player Agent. By signing below I fully understand the rules of residency boundaries and understand if I cannot provide proper documentation of residency my child/children in no way can be considered for ALL-STAR selection. If you have lived in the boundaries last year and have moved out of the boundaries, please see the President or Player Agent for a waiver application.

Print players name: _____

Print Name: _____

Parent/ Guardian

Signature: _____

Parent/ Guardian

Date: _____

Player Agent

Date

Board Member Initial

Date

(for league files)

D-33 Parent Code of Conduct

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 wellbeing 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 participant 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 deemphasize 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.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature / Date:

Chollas Lake Little League

CONCUSSION INFORMATION SHEET

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality change

HOW CAN YOU HELP YOUR CHILLO PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion .
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a healthcare professional says it's OK. Children who return to play too soon-while the brain is still healing- risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime. • Tell your child's manager about any recent concussion. Managers should know if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell the coach .

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN I

Adapted from the CDC. For more information you can go to:
<http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____ Date _____

Athlete Name (print) _____

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name (print) _____

**ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS
Information Sheet - Acknowledgement of Receipt and Review**

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of young people, too. However, the causes of sudden cardiac arrest in youth and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. **SCA is not a heart attack.** A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is Sudden Cardiac Arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 people under 25 die of SCA each year. Sudden cardiac arrest is the #1 cause of death for student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may experience symptoms, such as:

- Fainting or seizures during exercise Unexplained shortness of breath
- Dizziness Extreme fatigue
- Chest pains Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parents or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;
Fainting or seizures during exercise Unexplained shortness of breath
Dizziness Extreme fatigue
Chest pains Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.

Page 1 of 2, signatures required on second page

What are the risks of practicing or playing after experiencing symptoms of SCA?

There are risks associated with continuing to practice or play after experiencing SCA symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parents or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;

| | |
|--------------------------------------|---------------------------------|
| Fainting or seizures during exercise | Unexplained shortness of breath |
| Dizziness | Extreme fatigue |
| Chest pains | Racing heart |
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.

| | | | | | | |
|----------------------|-----------------------|---|---|---|------|--|
| Signature of Athlete | Print name of Athlete | <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date</td> </tr> </table> | / | / | Date | |
| / | / | | | | | |
| Date | | | | | | |

| | | | | | | |
|------------------------------|-------------------------------|---|---|---|------|--|
| Signature of Parent/Guardian | Print name of Parent/Guardian | <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date</td> </tr> </table> | / | / | Date | |
| / | / | | | | | |
| Date | | | | | | |

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

COVID-19 PLAYER INFORMED CONSENT WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have in many locations prohibited the congregation of groups of people.

Chollas Lake Little League (the League) has put in place preventative measures to reduce the spread of COVID-19; however, the League cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending events held by the League **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

In consideration of you and your child(ren)'s participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk I take with my participation in activities with the League that may cause injury or illness such as, but not limited to COVID-19 that may lead to paralysis or death.
- I will not, nor any member(s) of my household, visit or use League facilities if he/she experiences symptoms of fever, fatigue, difficulty breathing, or exhibiting any other symptoms related to COVID-19 or any other communicable disease.
- If I, or any member of my household comes in contact with, or becomes infected with COVID-19, will not attend any activity with the League for the recommended fourteen (14) days.
- I am fully and personally responsible for my and my child(ren)s own safety and actions while and during our participation and I recognize that we may be, in any case, at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the League, its board, officers, independent contractors, affiliates, employees, representatives, successors and assigns from any and all liabilities, claims, demands, actions, and cause of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or my child(ren) related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the League from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to COVID-19.

By signing this agreement I acknowledge that I have read the foregoing Player Informed Consent Waiver and understand its contents; that I am the legal parent/guardian of the child listed on this form and fully competent to give consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it at my own free act and deed; that I give my voluntary consent in signing this Player Informed Consent Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. Failure to follow these guidelines may result in removal from future League activities.

(Signature of Parent/Guardian)

(Date)

(Printed Name of Parent/Guardian)

(Printed Name of Participant(s)/Player(s))

Chollas Lake Little League Code of Conduct / Sportsmanship Contract

CLLL is committed to providing every participant in CLLL with a positive baseball experience. Every participant in CLLL, the players, managers, coaches, board members, umpires and parent helpers is a volunteer. The league spends a tremendous amount of time and money supporting its participants with training, facilities and equipment to provide the best experience possible. The fabric of an all volunteer, participation league is held together by good sportsmanship and the mutual respect of everyone involved. CLLL believes that every participant deserves to be treated with respect. To this end, the league has developed a **CODE OF CONDUCT AND SPORTSMANSHIP** commitment form for all of its participants.

Good Sportsmanship is defined as:

- playing hard, giving maximum effort and hustling regardless of ability or outcome
- enjoying the privilege of participating and the opportunity to compete
- being a humble winner and a gracious loser
- treating everyone as you would want to be treated
- cheering and encouraging all participants (on my team or the other team)
- never speaking in a degrading or negative manner toward any participant
- never using foul language
- never throwing any equipment
- never intentionally hurting, threatening, or assaulting another

participant Consequences for violating the league's Code of Conduct:

- First Offense – addressed by the team manager. Punishment can be simply a reprimand or up to a game suspension. In the case of a physical incident or altercation, the matter shall be addressed by the League's Board of Directors
- Second Offense – shall be addressed by the Board, with wide discretion in the punishment, **ranging from suspension to expulsion from the league.**
- Third offense – the incident will be addressed by the Board. **The participant can be suspended for up to the remainder of the season or face expulsion from the league.**

Process for Addressing Participant Concerns

- Any participant who feels a violation has occurred should FIRST address the matter with relevant person in charge (i.e. a parent/player issue with a team manager or coach)
- Any matter that cannot be addressed between the affected parties shall be referred to the appropriate Board Members (Player's rep for player issue, Manager's rep for Manager issues, Softball rep for softball player issues)
- Any matter that cannot be addressed with the assistance of the appropriate Board contact shall be referred to the entire Board of Directors for consideration.

Parent/Guardian Role in Supporting Sportsmanship

Parents/Guardians play an important role in supporting sportsmanship as a mentor-role model for their children. There are four roles in youth sports – player, coach, official and parent. By choosing the parent role, Chollas Lake Little League (CLLL) expects parents to act as mentor/role models for their children and support the League's efforts to promote sportsmanship.

There will be zero tolerance for parents who intimidate, interfere with, physically or verbally abuse coaches, players, officials, parents or other fans at any League practices, games or other events. CLLL expects a high standard of sportsmanship from players, coaches and officials and expects the same standard of conduct for parents/guardians of children registered to play.

The consequences of not following the parental rule of conduct **will** result in League action. On first offense you will be contacted by the CLLL Player Agent and warned that your behavior is not following the League sportsmanship code of conduct. If a second offense occurs the matter will be discussed by the full SVLL Board and could result in your child being dismissed from playing in CLLL for the year.

By signing this form you are acknowledging your commitment to this policy.

Commitment Form

_____ Will abide by the rules and CLLL Code of Conduct

(Player's Name)

And Sportsmanship. I will always treat my teammates, my opponents, the umpires and spectators with the highest level of sportsmanship and with respect. I understand that I will be held accountable for my actions while participating in CLLL events.

(Player Signature)

(Date)

(Parent or Guardian Signature)

(Date)

(Manager/Coach Signature)

(Date)