

Southern Cayuga Sports Conference Little League- 2010 Registration

T-Ball games scheduled with Union Springs teams.

Baseball & Softball games will be played with the Northern Little League (NCLL) teams. NCLL is made up of teams from Cato, Jordan-Elbridge, Port Byron, Skaneateles (Softball Only), Union Springs & Weedsport

Baseball & Softball schedules will be available on www.ncllbaseball.com (upon completion)

PRINT FIRMLY AND CLEARLY – SIGNATURES REQUIRED

[] [] []

Player's Last Name _____ First _____ Male/ Female _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth: _____ **Baseball Age**

Month / Day / Year

School District _____ Grade _____ Years Played _____

Parent/Legal Guardian _____ Phone # _____ Cell # _____

Parent/Legal Guardian _____ Phone # _____ Cell # _____

E-Mail Address _____

Level of Play : *Subject to change based on Registration Numbers*

T-Ball (Ages 4-6) [] []

SOFTBALL

BASEBALL

- | | |
|---|---|
| <input type="checkbox"/> Girls Pony (Ages 7 & 8) | <input type="checkbox"/> Boys Pony (Ages 7 & 8) |
| <input type="checkbox"/> Girls Minors (Ages 8,9&10) | <input type="checkbox"/> Boys Minors (Ages 9&10) |
| <input type="checkbox"/> Girls Majors (Ages 10,11&12) | <input type="checkbox"/> Boys Majors (Ages 11&12) |

Players can move up one level, depending on age & registration #'s.

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

- Boys Baseball: Child's age on May 1, 2010
- Girls Softball: Child's age on January 1, 2010

UNIFORM SHIRT/HAT SIZE – Circle

Youth Shirt: Small(6-8)/Med(10-12)/Large(14-16) Youth Hat/Adult Hat
Adult Shirt: Small/Med/Large/Extra Large

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Little League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Baseball/Softball and in consideration for the South Cayuga Little League (SCLL) accepting the registrant for its Baseball/Softball programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the SCLL, 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 (available at ncllbaseball.com/local rules) 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

Please include \$150 Sponsor Fee, Sponsor Name _____

REGISTRATION

~ FEES ~

**\$40 first Player, Additional Players (same family) \$35
If postmarked/dropped off after Feb 28, 2010 additional \$5 fee**

Mail Completed Forms with Payment to:

SCCS High School
Rt. 34B
Aurora, NY 13026
Attn: Joanne Carter

Mail-in Deadline:
Feb 22, 2010

Questions please call:
Jodi Bennett 364-3500

Game days listed are the primary days games will be attempted to be scheduled. Games, including rainouts and rescheduled games, may be scheduled on alternate days and weekends based on field availability.

T-Ball Tues/Fri
Pony League Sat + a weekday
Girls Minor Tues/Thurs
Girls Major Mon/Wed
Boys Minor Tues/Thurs
Boys Major Mon/Wed

**Practices will be scheduled by coaches.*

**Checks Made Payable To: Southern Cayuga Sports Conference
** Copy of birth certificate required unless already on file.**

COACHING & UMPIRES

[] Yes – I would like to be a Coach (Name) _____

[] Yes – I would like to assist with fields (Name) _____

[] Yes – Assist with fundraising (Name) _____

IF SELECTED

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



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: _____

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.