



Tobyhanna Athletic Association

PO Box 276

Tobyhanna, PA 18466

Telephone: 570-972-1276

Website – <http://www.tobyhannalittleleague.org>



WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any

expenses incurred more than 24 months from the date the injury was sustained.

- b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
 - 1. A maximum of \$1,500 or
 - 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.



Tobyhanna Little League

2011 Player Registration Form

Player Name					Birthdate
Player Address				Gender	Age
				Fee Amount	Fundraiser Other Fees
Home Phone	()	School Grade			Amt. Paid How Paid
Player Email					

Parent #1	Parent #2	My child will tryout for:	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Name</td><td colspan="2"></td></tr> <tr><td>Phone</td><td>()</td><td>Relationship</td></tr> <tr><td>Work Phone</td><td>()</td><td><input type="checkbox"/> Father</td></tr> <tr><td>Cell Phone</td><td>()</td><td><input type="checkbox"/> Mother</td></tr> <tr><td>Email</td><td colspan="2"></td></tr> <tr><td>Occupation</td><td colspan="2"></td></tr> <tr><td>Volunteer?</td><td colspan="2"><input type="checkbox"/> If checked, fill out "Volunteer Application"</td></tr> </table>	Name			Phone	()	Relationship	Work Phone	()	<input type="checkbox"/> Father	Cell Phone	()	<input type="checkbox"/> Mother	Email			Occupation			Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Name</td><td colspan="2"></td></tr> <tr><td>Phone</td><td>()</td><td>Relationship</td></tr> <tr><td>Work Phone</td><td>()</td><td><input type="checkbox"/> Father</td></tr> <tr><td>Cell Phone</td><td>()</td><td><input type="checkbox"/> Mother</td></tr> <tr><td>Email</td><td colspan="2"></td></tr> <tr><td>Occupation</td><td colspan="2"></td></tr> <tr><td>Volunteer?</td><td colspan="2"><input type="checkbox"/> If checked, fill out "Volunteer Application"</td></tr> </table>	Name			Phone	()	Relationship	Work Phone	()	<input type="checkbox"/> Father	Cell Phone	()	<input type="checkbox"/> Mother	Email			Occupation			Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	
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Medical Information		League Use Only	
Emergency Contact		Phone	
Relationship to player			Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance carrier		Policy	Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>
			Medical Release Yes <input type="checkbox"/> No <input type="checkbox"/>
			Waiver Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Level Assigned Team Name

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League Team, hereby give my/our approval to participate in any and all Little League Activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We Agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____ Date _____



Tobyhanna Little League 2011 Player Registration Form

Player Name

School Information:

School Name

School Grade

Uniform Information:

Shirt Size

Pants Size

Hat Size

Shoe/Socks Size

Jersey Nbr.

Special Requests:

Supporting Medical Information:

Doctor Name

Phone #

Dentist Name

Phone #

Hospital Preference

Medical Comments - Allergies, Medications, Special Conditions, Etc?

Player Custom Fields

Tag Day Participant

Custom Field 4

Custom Field 2

Custom Field 5

Custom Field 3

Custom Field 6



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: _____ I.D. Number: _____

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: _____

Hospital Preference: _____

In case of emergency contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Comments (Allergies, Special Conditions, etc.)

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

Date

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball

Little League Baseball 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 _____ 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

Tobyhanna Athletic Association (TAA)

Photo Release Form

TAA may include photos of players, coaches, umpires, board members, fans and any other persons who may be participating in a TAA event or activity on its website. Though the names of adults may be used along with the picture, it is our policy that the names of players will not be posted in association with any picture.

_____ We/I hereby give permission for TAA to use photos only *without* name on TAA website and other electronic forms of communication.

_____ We/I hereby *do not* give permission for TAA to use photos on TAA websites and other electronic forms of communication.

We/I understand that we/I may revoke this consent at any time by providing written notification to the Tobyhanna Athletic Association League Information Officer.

Player's Name: _____

Parent or Guardian Signature:

Date: _____



Little League Volunteer Application -2011

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

Name	Phone
_____	_____
_____	_____
_____	_____

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct a background check on me, 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 _____

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.

RESIDENCE ELIGIBILITY REQUIREMENTS

Each local Little League determines the actual geographic boundaries of the area from within which it shall select players. These boundaries must be described in detail and shown on a map and dated when making application for a Little League charter. Players will be eligible to play with that league only if they reside within the boundaries provided to and approved by Little League Baseball, Incorporated.

A player will be deemed to reside within the league boundaries if:

A. His/her parents are living together and are residing within such league boundaries, OR;

B. Either of the player's parents (or his/her court-appointed legal guardian) reside within such boundaries. It is unacceptable if a parent moves into a league's boundaries for the purpose of qualifying for tournament play. As detailed later in these rules, the penalty for violation of this rule may, in Little League Baseball, Incorporated's discretion, result in the disqualification of a player, team or entire league from regular season and/or tournament play. "Residence," "reside" and "residing" refers to a place of bona fide continuous habitation. A place of residence once established shall not be considered changed unless the parents, parent or guardian makes a bona fide change of residence.

Residence shall be established and supported by documents, dated on or before February 1 of the current year, from THREE OR MORE of the following categories to determine residency of such parent(s) or guardian:

1. Driver's License
2. Voter's Registration
3. School records
4. Welfare/child care records
5. Federal records
6. State records
7. Local (municipal) records
8. Support payment records
9. Homeowner or tenant records
10. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
11. Financial (loan, credit, investments, etc.) records
12. Insurance documents
13. Medical records
14. Military records
15. Internet, cable or satellite records
16. Vehicle records
17. Employment records

NOTE: Example – Three utility bills (three items from No. 10 above) constitute only ONE document.

Any documents submitted as proof of residence must show customary usage or consumption to demonstrate bona fide continuous habitation as determined by Little League Baseball, Incorporated in its discretion.

It is recommended that the league require some proof of residence within the league's boundaries at the time the player registers. Players and their parents/guardians are advised that a false statement of residence may lead to ineligibility to play Little League Baseball or Softball. Under NO circumstances does ANY person have the authority to grant a waiver that allows a child to play in a local Little League program IN ANY DIVISION, when that child does not qualify under these residency requirements.

If the claim for residency is challenged, three of the above materials must be submitted to Little League Baseball, Incorporated, with an affidavit of residency from the parent(s) or guardian. Little League Baseball, Incorporated shall decide the issue, in its sole discretion, and that decision will final and binding.

Residency documents must illustrate that the residence (as defined above) was inside the league's boundaries throughout the regular season (as of June 15 of the year in question).

In the case of a Regulation II(d) Waiver Form, or a Regulation IV(h) Waiver Form, the proof of residence for the FORMER residence of the parent(s) that was within the current league's boundaries must be obtained. This proof of residence for the former residence must be supported by the same documentation as noted above.

Tournament Requirement for Non-Citizens: A participant who is not a citizen of the country in which he/she wishes to play, but meets residency requirements as defined by Little League, may participate in that country if:

1. his/her visa allows that participant to remain in that country for a period of at least one year, or;
2. the prevailing laws allow that participant to remain in that country for at least one year, or;
3. the participant has an established bona fide residence in that country for at least two years prior to the start of the regular season.

Exceptions can only be made by action of the Charter Committee in Williamsport. Any request for a waiver pertaining to the eligibility of a player must be submitted in writing, by the president of the local Little League through the district administrator, to their respective Regional Director not later than the date prescribed in Regulation IV (j). Requests submitted after that date will not be considered.