

NORTHAMPTON BASEBALL & SOFTBALL

2017 PLAYER REGISTRATION

Use this form to register all children in your family who wish to play baseball or softball

REGISTER ONLINE @ www.nhampll.com

Registrations will be accepted on first-come, first-serve basis

- 1 Please complete one registration form per family
- 2 Please make checks payable to Northampton Baseball/Softball
- 3 Complete a medical release form for each player listed below
- 4 Mail completed registration, code of conduct & medical form(s):
Northampton Baseball & Softball
PO Box 347
Leeds, MA 01053

Questions: nhampll@gmail.com

2017 PLAYER TUITION COSTS		
First Player	\$	125.00
Second Player	\$	100.00
Third and each subsequent player	\$	75.00
Senior Division	\$	140.00
<i>DIVISIONAL PLACEMENT IS EVALUATION BASED NBSL makes all divisional placement decisions</i>		

CHILD'S FIRST & LAST NAME	GENDER M / F	DATE OF BIRTH MM/DD/YYYY	BASEBALL or SOFTBALL	TUITION COST See above
Maximum Family Cap = \$300.00 for Spring 2017 season (for all children/all divisions)			TOTAL DUE	

PARENT / GUARDIAN # 1

PARENT / GUARDIAN # 2

FIRST & LAST NAME		
MAILING ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
MOBILE PHONE		
EMAIL ADDRESS		

ADULT PARTICIPATION IS ESSENTIAL TO THIS PROGRAM OPERATING SUCCESSFULLY

Your support is crucial to the children within this program - please indicate your interest level

COACHING	UMPIRING	OTHER _____
TRAINING IS PROVIDED		not interested

I/We the parents or legal guardian of the candidate(s) named on this application, 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 activities. I/We know that participation in Baseball or Softball may result in serious injury and protective equipment does not prevent all injuries to players and herby waive, release, absolve, indemnify and agree to hold harmless the local little league, Little League International, the organizers, sponsors, supervisors, participants and persons transportation my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to abide by the principles outlined in the Code of Conduct.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



Northampton Baseball & 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 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.



Northampton Baseball & Softball

PO Box 347
Leeds, MA 01053

“Youth athletics built on integrity, perseverance, community, character & teamwork, with a passion to back it up”

Parent/Player Code of Conduct

Northampton Baseball & Softball has created this “Parent/Player Code of Conduct” for the sole purpose of ensuring a safe and fun environment for the children participating in this organization.

PARENTS & PLAYERS HEREBY AGREE:

- ❖ **At no time during the course of an event will a parent/spectator confront in a hostile manner an umpire or coach for any reason.**
- ❖ **At no time during the course of an event will a parent, spectator or participant use profanity or lewd gestures.**
- ❖ **At no time during the course of an event will a parent, spectator or participant misuse or damage any equipment/facility.**
- ❖ **At no time during the course of an event will parents, spectator or participant involve themselves in a confrontation over the rules or call made by officials.**
- ❖ **At no time during the course of an event will a parent, spectator or participant be involved in an abusive verbal or physical confrontation with another coach, parent, official or participant.**
- ❖ **At no time during the course of an event will a parents or participant indulge in the use of tobacco, alcohol or drugs, or appear at an event under the influence of alcohol or drugs. Smoking cannot be legally done at any public field**
- ❖ **Negative and/or demeaning social media comments about the league, its representatives or umpires that are found not to be within the best interest of the league shall be subject disciplinary actions as determined by the Disciplinary Committee**

The Disciplinary Committee of Northampton Baseball & Softball will review all infractions and upon completion of review, any/all decisions made by the Disciplinary Committee are final.

By signing this document I acknowledge that I have read and fully understand the above Code.

I (as a parent or guardian) will adhere to the code and agree that any violations (by myself, my participant or my guests) can and will result in my or my players suspension, and/or termination from the League for up to a lifetime term as determined by the Disciplinary Committee of Northampton Baseball & Softball.

Northampton Baseball & Softball reserves its right to not allow any coach, parent or player to participate in this league. Northampton Baseball & Softball will not discriminate against any individual for any reason, but will reserve its right to deny participation should league feel the individual involved has shown him or herself to not be in the best interests of Northampton Baseball & Softball or Little League International.

Participant’s Name: _____ Date: _____

Parent/Guardian’s Signature: _____