



**TACONIC HILLS LITTLE LEAGUE**  
**P.O. Box 743**  
**Copake, NY 12516**  
**TaconicHillsLL@gmail.com**  
**www.TaconicHillsLittleLeague.com**

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Dear Parents / Guardians of Baseball and Softball Players,

Welcome to the Taconic Hills Little League 2019 season.

Like last year, our Minors (9-10) and Majors (11-12) players along with our girl's softball program will participate in the Columbia / Greene County Interleague. Unfortunately, due to a steady decrease of players throughout District 15, our leagues cannot produce the numbers necessary to play exclusively in house and still allow players to grow developmentally.

Last year's schedule consisted of around 12 regular season games that were played against the other leagues in this program. They consisted of:

Southern Columbia (Germantown)  
Catskill  
Coxsackie

Hudson  
Cairo  
Greenville

Four of our regular season games were played against our own Taconic Hills Teams, while eight games were played against the other leagues. Four of these games were played on our home fields (Copake and Claverack), one game in Hudson, one in Germantown and two in Greene County. The season was followed by a playoff series that crowned a league champion.



**Registration Fees: (Cash or check payable to Taconic Hills Little League)**

<b><u>Division</u></b>	<b><u>Price</u></b>
Developmental (T-Ball)	\$55
<u>Boys/Girls</u>	
Coach Pitch (7-8)	\$65
Minors (9-10)	\$65
Majors (11-12)	\$65

Family cap of 3 or more =\$150

All registration forms are due by **Friday March 15, 2019.** We **cannot** guarantee that your child will be provided their shirt and hat before the start of the season if your registration form is not submitted by this time. Any form submitted after this date will result in a penalty of \$15.

Thank you for your cooperation. We look forward to another great season!!

Sincerely,

Bill Mulrein, President



# Little League® Player Registration Form

## Player Information

Player Name: \_\_\_\_\_

Birthdate (mm/xx/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Gender: Male ☐ Female ☐

Address 2 (if applicable): \_\_\_\_\_

League Age: \_\_\_\_\_ League Fee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My child will tryout for: ☐ Baseball ☐ Softball

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

### Parent/Guardian #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

## Medical Information

Emergency contact: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy: \_\_\_\_\_

## Terms and Conditions

- (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) If applicable, 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 to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at [LittleLeague.org/residence](http://LittleLeague.org/residence)) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania 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 Little League International Charter Committee or Little League International Tournament Committee.
- (5) 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 the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time 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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt-out of communications from Little League International at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only:

Birth Certificate: ☐ Yes ☐ No

Medical Release Form ☐ Yes ☐ No

Proof of Residency or ☐ Yes ☐ No

School Enrollment

Waiver Needed? ☐ Yes ☐ No

Level Assigned: \_\_\_\_\_

Team Name: \_\_\_\_\_



# 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 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
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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 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 \_\_\_\_\_ 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.

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Parent/Guardian Signature

# Taconic Hills Little League

## Release Form: Interviews, Photographs, and Video Tapes

Dear Parents / Guardians:

Very often the players of Taconic Hills Little League are engaged in activities that we wish to share on a website, newspaper, and many other publications.

We would appreciate your consent for this purpose. However we realize that you may wish to consent for Little League publications, but not necessarily for all choices. Please initial the choices for which you give permission and return the bottom of this form with your child's registration.

Please initial items that apply:

I hereby consent that pictures or videotapes of my child, \_\_\_\_\_ may be taken or used by the Taconic Hills Little League for public relations or other purposes consistent with the purpose and mission of the Taconic Hills Little League. These materials shall become the property of the Taconic Hills Little League, and I release the Taconic Hills Little League from all claims that may arise from paid publications.

Use is granted for the following: **Please Initial all that apply**

<input type="checkbox"/> Public / News pictures and Articles	<input type="checkbox"/> Newspaper pictures
<input type="checkbox"/> Videotapes	<input type="checkbox"/> League Publications
<input type="checkbox"/> League Website/ Social Media	<input type="checkbox"/> Interview for media

CHILD'S NAME \_\_\_\_\_

PARENT / GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# Little League® "Basic" Volunteer Application - 2019

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9.

All fields are required.

Name \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

5. In which of the following would you like to participate? (Check one or more.)

☐ League Official

☐ Field Maintenance

☐ Coach

☐ Manager

☐ Other \_\_\_\_\_

☐ Scorekeeper \_\_\_\_\_

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked): Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

Sex Offender Registry Data and National Criminal Records ☐

\*JDP ☐ check, as mandated in the current season's official regulations

\*Please be advised that if you use JDP 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 or email directly from JDP 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.

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years (s)): \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BeStateLaws](http://LittleLeague.org/BeStateLaws)

ASA CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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 Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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.