

**HILLTOP LITTLE LEAGUE
BASEBALL/SOFTBALL
Code of Conduct—PLAYERS, PARENTS, AND COACHES**

Acceptance of this Code of Conduct is a condition of participation in the Hilltop Community Little League for baseball, softball and T-Ball. Teams that are part of the league are required to sign this Code of Conduct on behalf of the Team, as well as require that all team coaches, players and the players' parents or legal guardians sign this Code of Conduct.

Participating in Hilltop Community Little League sponsored events (games, scrimmages or tournaments) plays an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents and coaches to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in league sponsored games, scrimmages and tournaments should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching or participating in league sponsored events and shall conform my behavior to the following Code of Conduct:

1. I will not engage in, nor encourage any other person to engage in, unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee of a league sponsored events.
2. I will not engage in, nor encourage any other person to engage in any behavior which would endanger the health, safety, or well-being of any coach, parent, players, participant, official or any other attendee of a league sponsored events.
3. I will not, nor will I permit or encourage any other person to use drugs or alcohol while at a league sponsored activity and will not attend, coach, officiate or participate in a league sponsored events while under the influence of drugs or alcohol.
4. I will not engage in, nor encourage any other person to engage in, the use of profanity at a league sponsored event.
5. I will treat and will encourage my child to treat, every coach, parent, player, participant official or any other attendee of a league sponsored event with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. I will not engage in, nor encourage any other person to engage in verbal or physical threats or abuse aimed at any coach, parent, players, participant, official or any other attendee of a league sponsored event either verbally or on social media.
7. I will not initiate, nor encourage any other person to initiate, a fight or scuffle with any coach, parent, players, participant, official or any other attendee of a league sponsored event.
8. In the event any guidelines are broken, the Hilltop Community Little League Board will meet to discuss any action necessary as a result of said incident. It will be at the Boards discretion whether or not the parent, player or coach will be removed from the program without refund (if necessary) of any dues paid and removal from the program.

**HILLTOP LITTLE LEAGUE
BASEBALL/SOFTBALL
Code of Conduct—PLAYERS, PARENTS, AND COACHES**

We, the undersigned, have read, understand and agree to abide by the above Code of Conduct.

Parent Signature: _____

Date: _____

Age Group: _____

2020 Hilltop Little League Association

PO Box 617; West Unity, OH 43570

Registration for Summer **SOFTBALL** Program

Child's Name: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

In Town Leagues

Child's age as of today: _____ Age as of Jan. 1, 2020 _____

Please check what league your child will or may be playing in.

No child will be moved up or down without the LL Boards consent. Please make checks payable to: HILLTOP COMMUNITY LITTLE LEAGUE.

All Traveling Teams try outs if necessary (exception 8U not required).

Travel Girls Softball: 8 and under _____ \$50.00 per child
Travel Girls Softball: 10 and under _____ \$50.00 per child
Travel Girls Softball: 12 and under _____ \$50.00 per child
Travel Girls Softball: 14 and under _____ \$50.00 per child
High School Softball: _____ \$50.00 per child

*****THERE WILL BE A \$10.00 LATE FEE FOR ANY REGISTRATION RECEIVED AFTER THE LAST SIGN UP.*** *ONCE SIGN UP HAS ENDED THERE IS NO GUARANTEE YOUR CHILD WILL BE ON A TEAM.***

T-Shirt sizes:

Youth Size: Sm. 6-8 _____ Med. 10-12 _____ Lg. 14-16 _____

Adult Size: Sm. _____ Med. _____ Lg. _____ XL _____ XXL _____

Signature of parent authorizes your child to participate in all association activities and releases the association from all liability for injuries and lost or stolen items during all association activities.

Signature: _____ Date: _____

Last year's team: _____

Please complete the Medical Information and Parent Code of Conduct forms

2020 Hilltop Little League Association
PO Box 617; West Unity, OH 43570
Registration for Summer **T – Ball** Program

Child's Name: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Child's age as of today: _____ Age as of August 1, 2020 _____
Child must be 5 by August 1, 2020

Please check what league your child will or may be playing in.
Child's age as of August 1 determines which league your child will play in. No child will be moved up without the LL Boards consent. Please make checks payable to: HILLTOP COMMUNITY LITTLE LEAGUE.

T-ball: 5 - 6 years old _____ \$30.00 per child
*****THERE WILL BE A \$10.00 LATE FEE FOR ANY REGISTRATION RECEIVED AFTER THE LAST SIGN UP.*** *ONCE SIGN UP HAS ENDED THERE IS NO GUARANTEE YOUR CHILD WILL BE ON A TEAM.***

T-shirt sizes:

Youth Size: Sm. 6-8 _____ Med. 10-12 _____ Lg. 14-16 _____

Adult Size: Sm. _____ Med. _____ Lg. _____ XL _____ XXL _____

Signature of parent authorizes your child to participate in all association activities and releases the association from all liability for injuries and lost or stolen items during all association activities.

Signature: _____ Date: _____

Last years team: _____

Please complete the Medical Information and Parent Code of Conduct forms

HILLTOP LITTLE LEAGUE COACHES APPLICATION

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 Little 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, the 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 and/or removal from my position for violation of Little League policies and principles upon vote by the Little Board.

Applicant 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.

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____

Previous Volunteer Experience (including baseball/softball and year): _____

Do you have children in the program? Yes _____ No _____

If Yes, list full name and level: _____

Special Certification (CPR, Medical, Etc.): _____

Do you have a valid Driver's License? Yes _____ No _____

Have you ever been convicted of or pleaded guilty to any crime(s): Yes _____ No _____

If Yes, describe in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes _____ No _____ **If Yes, explain:** _____

Please circle which you wish to coach: **Baseball** **Softball** **T-Ball**

If baseball or softball, please list the age/level you wish to coach: _____

Please list 2 references below:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Participant Name: _____
Address: _____

Date of Birth: _____
Telephone: _____
Email (optional) _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Little League authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name: _____ Contact Phone: _____
Father's Name: _____ Contact Phone: _____
Other's Name: _____ Contact Phone: _____

Name of Relative or Childcare Provider: _____
Address _____
Relationship _____ Contact Phone: _____

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone: _____
Dentist _____ Phone: _____
Local Hospital _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian _____
Address: _____

PART II – REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian: _____
Address: _____

2020 Hilltop Little League Association

PO Box 617; West Unity, OH 43570

Registration for summer **BASEBALL** program

Child's Name: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Child's age as of today: _____ Age as of May 1, 2020 _____

Please check what league your child will or may be playing in.

No child will be moved up or down without the LL Boards consent. Please make checks payable to: HILLTOP COMMUNITY LITTLE LEAGUE.

7-8 Travel League: _____	\$50.00 per child
9-10 Travel League: _____	\$50.00 per child
11-12 Travel League: _____	\$50.00 per child

All 12U players will be evaluated, a player can be 10 years old and try to make a 12U team. It will be determined by evaluation and number of players in 12U. THE TRYOUT WILL BE CLOSED FOR 12U, NO PARENT(S) WILL BE ALLOWED IN THE GYM DURING THE TRYOUT.

Pony League: 13-14 _____	\$50.00 per child
ACME HS League: _____	\$50.00 per child

*****THERE WILL BE A \$10.00 LATE FEE FOR ANY REGISTRATION RECEIVED AFTER THE LAST SIGN UP DATE.*** *ONCE SIGN UP HAS ENDED THERE IS NO GUARANTEE YOUR CHILD WILL BE ON A TEAM.***

T-Shirt sizes:

Youth Size: Sm. 6-8 _____ Med. 10-12 _____ Lg. 14-16 _____

Adult Size: Sm. _____ Med. _____ Lg. _____ XL _____ XXL _____

Signature of parent authorizes your child to participate in all association activities and releases the association from all liability for injuries and lost or stolen items during all association activities.

Signature: _____ Date: _____

Last year's team: _____

Please complete the Medical Information and Parent Code of Conduct forms