

Idalou Little League Baseball/Softball

Important Info for 2011

Please keep this page for reference. Visit www.idalouyouthsports.org for postings.

Important Dates:

March 6 – 4:00PM Idalou School Cafeteria. All parents and coaches are encouraged to attend. Board officers determined at this meeting.

March 23 – **MANDATORY** coaches and prospective coaches meeting at 8:15PM at school cafeteria. Bring photo ID and complete the form http://www.littleleague.org/Assets/forms_pubs/VolunteerApp2011.pdf .

March 25 – All registration packets due with full payment, concession stand agreement, and birth certificate by 7:00PM at Middle School gym. No packets will be accepted unless accompanied by full payment, concession stand agreement, and birth certificate.

March 26 – Baseball tryouts at County Park for ages 7 and up beginning at 12:00 noon. Softball tryouts at Sticker Patch for ages 7 and up beginning at 12:00 noon. NO T-Ball tryouts. Players are not required to participate in tryouts. Late registration will be available until 12:00 noon with \$10 late registration fee added per player. No player may be registered to participate after this deadline. **NO EXCEPTIONS.**

March 26 – 12:00 noon deadline for submission of letter requesting waiver for players not living within Idalou Little League boundaries to be All-Star eligible. A sample letter is available upon request. The submission of letter plus student report card (or other proof of school enrollment) does not guarantee approval by Little League national office. Players not living within Idalou Little League boundaries without official approval from Little League national office will not be eligible to participate in All-Star play. **NO EXCEPTIONS.**

March 26 – If you wish to coach an Idalou Little League Baseball or Softball team you **MUST** attend a **MANDATORY** meeting during tryouts at County Park or Sticker Patch. All coaches must be formerly approved by the Idalou Little League board of directors and must pass a background check.

March 27 – Player draft for all divisions beginning at 2:00PM.

March 29 – Practices can begin according to assigned schedule. Practice schedule will be provided to coaches on March 28.

April 2 – Field work day at 8:00AM for County Park and Sticker Patch. Everyone welcome. Mandatory for board members and coaches.

April 16 – Opening day. Play begins for all teams.

Little League Baseball/Softball has banned many of the composite bats from play. It is the responsibility of coaches and parents to verify that bats used are eligible. Please refer to the Official Little League Baseball web site <http://www.littleleague.org/learn/equipment.htm> to verify bat eligibility.

Idalou Little League 2011

Participation Checklist

Registration packet **will not be accepted** unless each of the following conditions is met.

- Player Registration Form Completed and Signed
- Medical Release Form Completed and Signed
- Birth Certificate Copy Included With Completed Forms
- Full Payment Included With Completed Forms
- Concession Stand Payment Included (if necessary)

Player Name: _____

Parent/Guardian Signature: _____

Date: _____

Please return this packet to Idalou Little League Official at the Middle School during Little Dribbler games (M, T, Th, F @ 6:00-9:00PM) on or before **7:00 PM March 25, 2010.**

Divisions:

Ages 4-6 – T-Ball (Girls/Boys Combined)

Ages 7-8 – Girls Softball Coach Pitch

Ages 7-8 – Baseball Machine Pitch

Ages 9-10 – Girls Softball

Ages 9-10 – Baseball

Ages 11-12 – Girls Softball

Ages 11-12 – Baseball

Ages 13-14 – Girls Softball

Ages 13-14 – Baseball

Ages 15-16 – Girls Softball

Idalou Little League Baseball - 2011 Registration Information

Registration fee: \$65.00 per child

Late Registration: \$75.00 per child

Player name: _____

Player street address and city: _____

Parent/Guardian name: _____

Home Phone: _____ Mobile Phone: _____

My child will try out for **baseball** or **softball** . (Circle one response)

Baseball Only: What will be the player's age on April 30, 2011: _____

Softball Only: What was the player's age on December 31, 2010: _____

Did your child play in Idalou last year? **YES NO** (Circle one response)

If "YES", what team? _____

Coach's Name: _____

If eligible, do you want to stay on the same team? **YES NO** (Circle one response)

Concession Stand - One parent/guardian is required to work one four-hour shift in the concession stand for each of their children that are playing baseball/softball. For instance, if you have 3 children playing you will be required to work three separate shifts. If you miss your scheduled shift to work you will either be responsible to reschedule your shift or pay \$30.00. Your child will be ineligible to play until compliance.

If you do not want to work in the concession stand you can pay \$30.00 ***per child*** that is playing.

I will work my required shift(s): **YES NO** (Circle one response)

I elect to pay \$30.00 per child playing at this time so that I **YES NO** (Circle one response)
will not be required to work in the concession stand.

Your Child's Shirt Size: Youth **S M L XL** Adult **S M L XL XXL**

Your Child's Pant Size: Youth **S M L XL** Adult **S M L XL XXL**

Parent Signature: _____

League Use Only: Application received on(date): _____ By: _____

Total Amount Paid: _____ Cash Check CK# _____

Same Team Draft



Little League. Baseball and 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 eligibility 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.