



BELMONT HEIGHTS LITTLE LEAGUE INC.

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Belmont Heights Little League Board of Directors wants to take this opportunity to welcome your family to Little League Baseball. As spring looms closer and the trees begin to grow leaves, we can't help but thinking that baseball season is near. Youth baseball can be an exciting and fun opportunity for your child to learn new skills, make new friends, and have fun.

It is time to come out from hibernation and get out on the ball fields. BHLL Baseball is committed to providing a fun and safe environment for our kids to learn the skills of baseball and creating wonderful memories.

Picking up this packet today is only the beginning process of registration. In order for you to complete the registration process we will need these items from you.

Checklist

_____ Registration Form

_____ Medical Release

_____ Parent Code of Conduct

_____ Player's Birth Certificate

_____ Parent's Driver's License

_____ & _____ 2 Documents showing proof of player's parent's residency
(PLEASE SELECT ONE FROM EACH GROUP)
(Vehicle/voters registration or cable bill/internet)
(Gas, water, electric, phone, school records, or credit card statement)

_____ Payment - Cash or Money Order Only
(Registration Fee \$75.00, \$65.00 each additional child)

_____ Signed letter stating Parent Received copy of BHLL Ground Rules



BELMONT HEIGHTS LITTLE LEAGUE INC.

REGISTRATION INFORMATION



(This form is for information purposes only)

2010 PLAYER REGISTRATION FORM

Player's Name: _____

Address: _____

Zip Code: _____ Date: _____

Date of Birth:(DD/MM/YYYY): _____

Male: _____ Female: _____ Registration Fee: \$75.00

Additional Children in Family \$65 each

Email: _____

Player's Age as of 3/31/2010 _____ Yrs

Baseball Division: _____ Last Year's Team: _____

Shirt Size: _____ Youth Small _____ Youth Medium _____ Youth Large

_____ Adult Small _____ Adult Medium _____ Adult Large

_____ Adult X Large _____ Adult XX Large

Payment Method: _____ Cash _____ Money Order (Payable to Belmont Heights Little League) # _____

Home Phone #: _____ Cell Phone #: _____

Player Health Care Name & Number: _____

Mom/Spouse: _____

M/S Work # _____

Dad/Spouse: _____

D/S Work # _____

Registration must be paid in full by the first day of practice.

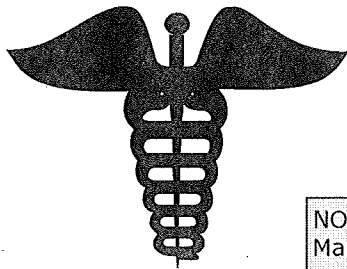
OFFICE USE ONLY

Date _____ Payment Amount _____ Balance _____ Staff Name _____

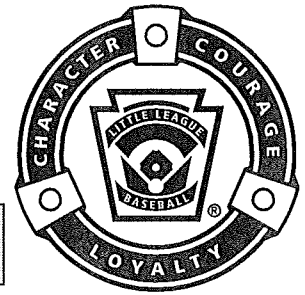
Date _____ Payment Amount _____ Balance _____ Staff Name _____

Player Movement From: _____ To: _____ Date _____

Player Agent Signature _____ President Signature _____



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

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

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

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.

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

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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.



Little League Volunteer Application -2010

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) _____
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: _____

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 _____

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.