

East Moline Little League is BACK



Calling All Parents!
Kids - Ages 4 to 7



Newly formed East Moline Little League (EMLL) is bringing games back to East Moline fields at Jacobs NE Park Sports Complex.

The 2020 season will start with co-ed tee-ball and coach pitch leagues for ages 4-7 only. EMLL will then expand by adding age groups each year thereafter.

East Moline will be joining Silvis Little League at the Silvis Police Department for their registrations on February 22nd to help ease into the transition; however, will hold our own registrations on the dates listed below. We will be taking registrations for all players in East Moline LL boundaries; however, players 8 years old on up will continue to play with the Silvis program until next year, when we will add age groups.

THINGS TO KNOW

- ① Registration forms and information are available at the City Hall Annex at 912 16th Avenue, E.M. or at <http://www.eastmoline.com/emll>
- ① A copy of your child's birth certificate will be needed for proof of age at time of registration for ages 4 -7. (If you are mailing registration, please be sure to include a copy.)
- ① Volunteers, Board Members, and Coaches are needed! If interested, please contact Gary Almblade or Theresa Martin. EMAIL: eastmolinelittleleague@gmail.com PHONE: 755-6700 (leave message) MAIL: EM Little League, PO Box 256, East Moline, IL 61244
- ① Please bring any gently used baseball/softball equipment/clothing to share at registrations (gloves, bats, baseball/softball pants, etc.).

REGISTRATION DATES & LOCATIONS:

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
February 29 th	10:00 AM – 2:00 PM	East Moline City Hall – 915-16 th Ave., E.M. (1 st Floor Conf. Room)
March 14 th	10:00 AM – 2:00 PM	East Moline City Hall – 915-16 th Ave., E.M. (1 st Floor Conf. Room)
March 28 th	10:00 AM – 2:00 PM	East Moline City Hall – 915-16 th Ave., E.M. (1 st Floor Conf. Room)

REGISTRATION FEES: CASH, CHECK OR MONEY ORDER ONLY

Tee Ball - \$65

Coach Pitch - \$85

All Others - \$105

Family Discount: ★ 2 kids - \$20.00 off ★ 3 kids - \$40.00 off ★ 4+ kids - \$60 off

DEADLINE - APRIL 18, 2020

LATE FEE (after April 18th) - \$15 PER PLAYER



**Come & Grow
with Our Program!**



East Moline Little League® Player Registration Form

PLAYER INFORMATION

Player Name _____ Birthdate (mm/dd/yyyy) _____

Address _____ Suite/Apt. # _____

City/State/Zip _____ Shirt Size XS S M L XL

PARENT INFORMATION

PARENT/GUARDIAN #1

Name _____

Phone _____

Email _____

Volunteer? Yes No

If yes, fill out "Volunteer Application"

PARENT/GUARDIAN #2

Name _____

Phone _____

Email _____

Volunteer? Yes No

If yes, fill out "Volunteer Application"

Emergency Contact _____ Relationship to Player _____ Phone _____

FEE INFORMATION – CASH, CHECK OR MONEY ORDER ONLY

Tee Ball - \$65

Coach Pitch - \$85

All Others - \$105

Family Discount: ★ 2 kids - \$20.00 off ★ 3 kids - \$40.00 off ★ 4+ kids - \$60 off

DEADLINE - APRIL 18, 2020

LATE FEE (after April 18th) - \$15 PER PLAYER

TERMS & CONDITIONS – YOUR SIGNATURE IS ACCEPTANCE OF EACH POINT.

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) 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. You may opt-out of communications from Little League International at any time.

Signature _____ Date _____

Internal Use Only

Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned	_____ Age _____
Proof of Residency -or- School Enrollment Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name	_____
		<input type="checkbox"/> Family Reg Pd Amt _____	<input type="checkbox"/> Check/Money Order _____ <input type="checkbox"/> Cash



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 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

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.