

SARATOGA LITTLE LEAGUE MEMBERSHIP REGISTRATION TERMS AND MEDICAL RELEASE

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 League activities.

I/We will furnish a certified birth certificate or passport to League officials for eligibility of the above named candidate. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. Residency eligibility will be verified and should residence be determined outside league boundaries, registration fees minus processing fee cost will be refunded by the Saratoga Little League.

I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport 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 Charter Committee or Tournament Committee.

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.

I/We agree 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.

If the above named player or photographed or videotaped during League activities, I/We consent to League use of such photographs or videos for any purpose as the League may see fit.

I/We realize that participation in baseball, winter baseball or softball may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Saratoga Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, board members and participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. If the above named player needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby given for such emergency treatment as may be considered necessary in the opinion of the attending physician.

I/We acknowledge that parking near a game or practice facility may result in damage to my/our vehicle and agree to be fully responsible myself/ourselves for vehicle repairs resulting from such damages including any deductible amounts if such incident should be covered by the League's accident or liability insurance.

I/We as a member of the Saratoga Little League hereby allow the league to contact me via the email address(es) I have specified for League relevant information to the membership. The Saratoga Little League will not sell or distribute your email to any other organization. We respect your privacy.

SARATOGA LITTLE LEAGUE VOLUNTEER REQUIREMENTS:

I/We, the parents/guardians of the registered player candidate(s) understand that Saratoga Little League is a volunteer based program whose fees, in addition to monetary sign-up fees, include a participation commitment from the parents/guardians. I/We will select a position each where my/our knowledge and skills can best be utilized. If I/We fail to select a position, or select an overfilled position, I/We realize that I/We will be assigned to a volunteer position by the League's volunteer coordinator. Should I/We not choose to decline volunteer participation and pay an additional buy out fee described herein, I/We hereby consent to a formal background check at the League's discretion due to our request to work with children. A full description of all volunteer positions can be found at the Saratoga Little League website at: <http://www.saratogall.org/volunteer>

At the time of the separate online Volunteer Registration, you may opt out of both the background check and the volunteer participation requirement by paying an additional fee of \$250.00 per family. Even if you choose to buy out through the previously mentioned payment (acceptable online), you are as parent/members expected to uphold the Code of Conduct for the Saratoga Little League.

NOTE: ANY PARENT/GUARDIAN WHO FAILS TO FULFILL THEIR VOLUNTEER POSITION WILL PAY A \$750.00 PENALTY BEFORE THEIR CHILD(REN) MAY REGISTER FOR A FUTURE SEASON.

NOTE: The Saratoga 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.