Dear Parents & Guardians,

Welcome to our 2018 T-ball, Softball and Baseball season!

Littlestown Baseball for Youth will hold registration at the Littlestown High School Cafeteria on Thursday January 18th and Tuesday January 23rd from 6-8 PM. Checks can be made payable to LBFY.

Please note that your child's <u>birth certificate</u> is required at registration to verify each child's age to ensure children are placed in the correct age group. Also new this year there is a separate registration form for Softball and T-ball/ Baseball to help eliminate some confusion with uniforms.

Things to keep in mind:

- Participants must live in the Littlestown School District, or have prior approval form the Board (Baseball 9-15 yr. olds must reside in the School District based on Cal Ripken/Babe Ruth rules)
- Family discount-oldest 2 children at regular price, any addition children \$25.00 each.
- There is a \$20.00 late fee for any forms received after February 5th.
- Mailed/dropped registrations must include a copy of a birth certificate & candy buyout.
- Please see the player information section of our website regarding uniforms. Practices to commence in late March/ early April time frame (coach/ weather dependent)

<u>Fundraising:</u> Due to the ever increasing costs of maintaining our league we ask that everyone participate in our fundraisers. Thank you for your continued support!

- <u>Candy</u>- Each player is required to sell a box of candy or pay a buy-out fee. Maximum 2 boxes of candy/ buy-out fees per family. Candy will be handed out at our registration nights.
- Subs- We will begin a sub sale on opening day- more information to come.
- Raffle- We will be holding a raffle beginning opening day.

If you are aware of any company that would like to donate a prize for our raffle please get in touch with me directly. LBFY is a registered 501(c)3 non-profit organization so any donation is tax deductible.

Important Dates:

- January 28th, February 11th, 18th, 25th Baseball / Softball Clinics (see website for schedule)
- February 23rd- Late registration ends
- March 4th Draft Day (For Coaches Only)
- March 18th- Field Day & Candy Money Due
- April 28th- Opening Day including parade & photos

LBFY needs the support of all parents in the program. We could not exist without you and we ask that you volunteer a few hours per season. This year we are going to try an open concession schedule. We will post the schedule and ask parents to sign up for any open slot. Please step up and work a slot to help fundraise for our league!

If you are interested in serving as an on-field volunteer with LBFY you must adhere to our volunteer policy. Please visit our website, www.littlestownbaseball-softball.com if you are interested in coaching.

Our website and Facebook page (@littlestownbaseball-softball.com) is a great source of information including our monthly meeting time & locations, schedules and general league information.

Sincerely,

Matt Albright President, LBFY

Code of Conduct and Disciplinary Policy Littlestown Baseball for Youth (LBFY)

The Code of Conduct and Disciplinary Policy applies to all coaches, players, parents, umpires and spectators.

The Code of Conduct rules and Disciplinary Policy are in effect at all times at the McSherry Field complex, not only during games and practices. In addition, the rules also apply during any other LBFY event including but not limited to, practices and games at other fields, parades, tournaments, League Nights at professional sports events and awards banquets.

It is understood that the purpose of our league is to teach the children of Littlestown the sports of baseball and softball. While learning about winning and losing is an important lesson it is not our primary goal. We strive to teach good sportsmanship, responsibility, character and fair play in a positive environment.

Actions considered being violations of the code of conduct include but are not limited to:

- Unsportsmanlike behavior including insubordination, being disrespectful, unruly behavior and use of profanity (including gestures)
- Use of, or being under the influence of, illegal drugs and/or alcohol products is Prohibited
- Use of tobacco products are Prohibited (including electronic cigarettes and "vaping")
- Harassment of umpires or coaches
- Bullying or taunting of other players or coaches (including on social media)
- Entering the field of play at any time by non-players or anyone other than Board approved Coaches other than due to injury or for the welfare of the participants
- Any other action deemed to be a detriment to the LBFY league

Violations may be reported (in writing) to any Officer of the Board of Directors. Consequences for violating the code of conduct are as follows:

1st offense up to a one-week suspension from games and practices
2nd offense up to suspension for remainder of the season, includes tournaments and fall season

Physical Confrontations:

All confrontations resulting in physical contact will result in immediate suspension pending a Board of Director's review. An emergency meeting of the Board of Directors will be called within one week. If it is determined the violation did occur. *No warnings will be given; this is a zero tolerance policy* and a minimum one-year suspension will be imposed. A second occurrence of physical confrontation will result in a **lifetime** ban from the league. It is the responsibility of players and parents to inform any guest of their responsibilities. *No warnings will be given; this is a zero tolerance policy*.

Should anyone have a concern regarding any coach that does not fall under the Code of Conduct above the complaint should be forwarded to the Director of that Coach's level. Should the complaint be regarding a coach who is also serving as a Director the complaint should be forwarded to any Officer of the Board. The name and contact information for each level's Director can by located on our website, www.littlestownbaseball-softball.com. Anyone who feels that their concern wasn't handled appropriately should contact an Officer of the Board.



2018 T-Ball & Baseball Registration Form

Littlestown Baseball for Youth (LBFY)- Spring 2018 Registration

Please drop in mail slot at the concession stand or mail registration along with payment and a copy of your child's birth certificate to P.O. Box 461 Littlestown, PA 17340

| Name: | | | Age: | DOB: | Birth Cert: |
|---|---|---|--|---|---|
| Address | :: | | Home Ph | | School Attending: |
| City: | | | | Mom | Email: |
| Zip Cod | e: | | Cell: | Dad | Email: |
| | | T-Ball 4/5 (Coed) T-Ball 6 (Coed, Coach Pitch) | \$30 \$30 | Girls- Age as of 12/31/17 Boys- Age as of 4/30/18 | Uniform Size: YS-YL/ AS-A3XL Hat size: (Minors, Majors & Babe Ruth) Y- 6 1/8- 6 3/4 (21 1/8" or smaller) A S/M 6 3/4- 7 1/8 (21 1/8"- 22 1/4") A L/XL 7 1/4- 7 5/8 (22 5/8"- 23 7/8") |
| Adams | | Baseball Rookie (7-8) | \$45 | Baseball- Age as of 4/30/18 | Babe Ruth Only Name on Back: Jersey #: Second choice #: |
| County Cal Ripken/ Babe Ruth Leagues | | Minors (9-10) | \$75 | | Jersey and hat provided by league Gray baseball pants to be provided by parents, Babe Ruth please wait to check with coach. |
| | | Majors (11-12) Babe Ruth (13-15) | \$75 \$110 | | Total Due: \$Checks payable to LBFY |
| | | Every player is required to se the buyout options, unless a | | | Payment Received: |
| | | Candy Buyout* Family Discount Candy Box- IOU | \$30 \$0 \$60 | * Candy buyout required for all mail in, drop off or late registration | |
| Let it be known the child na consideration representate team origin my spouse officers, directional and team and a Further, I glicompetent necessary. | own the imed a con of a cives are ations, (if mare ectors, and postant per adult a l certif | bove. If married, I have the author ind as inducement to LBFY, permitting or employees of or by reason of a ried), my heirs, personal represent- coaches, officials, team organization sible causes of action that may acq ermission to the team physician or- and to any accredited hospital to re- | rity of my spouse to si ing my child to partic, y and all damages an ny loss, damages, or i atives and assigns do ons, or employees an uire to myself, my spo any other physician o ender to my said child | ign this agreement/ releas ipate in the program of LB d claims which I or they m njury (including death) wh hereby agree to indemnif, d all others associated wit ouse (if married), or the che f good standing, whose se s uch medical or surgical t | ny boy or girl in the program. I am the parent or legal guardian of e as the spouse's agent and on my spouse's behalf. If FY I for myself, my spouse (if married), my heirs, personal ay have against LBFV, its officers, directors, coaches, officials, ich may incur to the child named above. And further, for myself, rand save harmless LBFV, its successors and assigns as well as its h the program of LBFV from any and all liability, loss, claims, illd named above, by reason of participation in such a program. Invices are requested by the manager, coach, umpire or any other reatment or hospital care as they, in their discretion, may deem cident insurance intending to be legally bound hereby; I have here |
| | | hereby give permission for images promotional material, publications | | | igh video, photo and digital camera, to be used solely for the pensation or ownership thereto. |
| Is Player Insured: | | Fami Docto | ly or: | Preferred Hospital: | Medical Concerns: |
| Parent/ G | iuardi | ian: | | Dad | Medication: |
| Signature Parent/ G | | ian: | | Dad | Date:/ <u>/ 2018</u> |



2018 Softball Registration Form

Littlestown Baseball for Youth (LBFY)- Spring 2018 Registration Please drop in mail slot at the concession stand or mall registration along with payment and a copy of your child's birth certificate to P.O. Box 461 Littlestown, PA 17340

| Name: | | | Age: | DOB: Birth Cert: | |
|---|---|---|--|---|-----------------------------------|
| Addres | s: | 2 | Home Ph: | School Attending: | |
| City: | | | Cell: | | |
| Zip Cod | ie: | | Cell: | Email: | |
| | Playe | _ | sed on their age as of | Uniform Size: | |
| | | 12/31/1 | .7. | YS-YL/ AS-A3XL | |
| | | 7U | \$45 | (7U-10U Torrent Jersey & 12U+ Hit Jersey) | |
| | | 100 | \$85 | 12U+ Only Name on Back: Jersey #: Second choice #: | |
| | \Box | 12U | \$85 | Comet Pants- \$22.50 Size: | |
| | ш | 120 | 700 | YS-YL/ AS-2XL (2XL add \$1.50) | |
| | П | 14U | \$85 | Gold Belt- \$6.00 Size: | |
| | | | | YorA | |
| | The league provides each player a j players are to provide pants. Gray navy/ gold/ white comet pants & g | | ts. Gray pants for 7U, | Total Due: \$ | |
| | 10U+ | | | Checks payable to LBFY Payment Received: | |
| <u>Candy</u> | | | to sell one box of candy or cl ess a family discount applies | | |
| | Can | dy Buyout* | \$30 | * Candy buyout required for all mail in, drop off or | |
| | | nily Discount | \$0 | late registration | |
| | Can | dy Box- IOU | \$60 | | |
| Let it be kn child name and as indu do waive a or by reaso personal re team orgal may acquir or any other render to re | nown that the ed above. If r ucement to L nd release ar on of any loss epresentative nizations, or re to myself, er physician or my said child | married, I have the auth BFY, permitting my chil ny and all damages and it, damages, or injury (in es and assigns do hereb- employees and all other my spouse (if married), of good standing, whose such medical or surgica | ority of my spouse to sign this agree it to participate in the program of E idealms which I or they may have agalluding death) which may incur to they agree to indemnify and save harming as associated with the program of E idealms to the child named above, by reason is ervices are requested by the man I treatment or hospital care as they, | e insurance for any boy or girl in the program. I am the parent or legal guardian of ment/ release as the spouse's agent and on my spouse's behalf. If consideration or FY I for myself, my spouse (if married), my heirs, personal representatives and assi- inst LBFY, its officers, directors, coaches, officials, team originations, or employees the child named above. And further, for myself, my spouse (if married), my heirs, less LBFY, its successors and assigns as well as its officers, directors, coaches, official FY from any and all liability, loss, claims, demands and possible causes of action th or participation in such a program. Further, I grant permission to the team physic ager, coach, umpire or any other competent adult and to any accredited hospital to in their discretion, may deem necessary. I certify that I have been advised of the gally bound hereby; I have here unto affixed my hand and seal this date. | of igns, s of als, at |
| | | | | LBFY events through video, photo and digital camera, to be used solely for the ny rights to compensation or ownership thereto. | |
| Is Player | | | Family | Preferred Medical Concerns: | |
| Insured: | | | Doctor: | Hospital: | _ |
| Parent/ | Guardian: | Mom | | Medication: | - |
| | | Wom | | | |
| Signatur Parent/ | e of Guardian: | | | Date:/ | |