

## Southwest Colorado Youth Baseball Registration Information

### Registration Deadline: February 22, 2020

Complete registration packets can **ONLY** be returned to:

- P.O. Box 223, Cortez, CO 81321
- Super Saturday Events
  - 1/25/2020: 10 AM – 2 PM Cortez Rec Center
  - 2/20/2020: 10 AM – 2 PM Hibbett Sports

Registration Packets are complete when all the following information is received:

1. Registration Form (completed and signed)
2. Medical Release Form (completed and signed)
3. Parent Code of Conduct (completed and signed)
4. Three proofs of residency documents **dated between February 1, 2019 - January 31, 2020**. See residence eligibility requirements page for more info.
5. Registration Fee – **Cash, Check, Money Order only or pay with credit card online**. Beginning February 22nd, a \$50 late fee must be included.
6. Players whose packets (includes postmarked) are received after the March 14<sup>th</sup> deadline may be placed on a waiting list.

To determine your child's playing age, look for their birth month and year on the chart below.

Age - Division	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
4 – TBALL	2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015
5 – TBALL	2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014
6 – TBALL	2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013
7 – MICROS	2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012
8 – MICROS	2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011
9 – MINORS	2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010
10 – MINORS	2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009
11 - Intermediate	2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008
12 - Intermediate	2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007
13 - Intermediate	2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006

All move ups must be approved by the Southwest Colorado Youth Baseball board. To request a move up, please include a letter describing the reasons for moving your player up another level and attach it to the registration. You may be contacted by our Player Agent if any questions arise.

Skill Assessment Day for **ALL** Minors, 50/70, players will take place in March at the Parque de Vida Rotary Fields. Specific dates to be sent out via email and listed on Facebook and the website. **UNLESS** you are playing for a Dove Creek, Mancos, Dolores Teams, the Teams representative will be in touch with you for team information.

Any person involved with Little League, other than as a spectator, **MUST** have completed and signed a Volunteer Application (and attach a copy of their driver's license). This includes league officials, coaches, umpires, scorekeepers, parent helpers and others.

For updated information or printable forms, visit [cortezlittleleague.com](http://cortezlittleleague.com) also like us on Facebook at "Cortez Baseball". We can be contacted at [secretary.swcb@gmail.com](mailto:secretary.swcb@gmail.com)

**Southwest Colorado Youth Baseball  
2020 Little League Season Player Registration Form**

Player Name:		Birth Date:
Mailing Address:	City:	State, Zip:
Physical Address:	City:	State, Zip:
Best Contact Number:		Years of Experience:

Father or Legal Guardian Information:		Mother or Legal Guardian Information:	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
I would like to volunteer to: ( ) Coach ( ) Sponsor Team ( ) Other Coaching & sponsor info available online		I would like to volunteer to: ( ) Coach ( ) Sponsor Team ( ) Other Coaching & sponsor info available online	

**Divisions:** For age requirements, see attached birthday table and information

Division	Team Info: **Circle Division and Fee Being Paid**	Early: By Jan. 25	Regular: By Feb22	After Feb22
T-Ball	Random placement of players	\$55.00	\$65.00	\$115.00
Micros	Machine Pitch: random placement of players	\$75.00	\$85.00	\$135.00
Minors	Tryouts, all players drafted	\$85.00	\$95.00	\$145.00
Intermediate 50/70	Tryouts, all players drafted (age 11-to-13)	\$95.00	\$105.00	\$155.00
15U	American Legion - Tryouts, all players drafted	\$150.00	\$160.00	\$210.00
17U	American Legion	\$150.00	\$160.00	\$210.00

**CHECK A BOX FOR WHICH TOWN PLAYER LIVES IN**

Cortez     
  Dove Creek     
  Dolores     
  Mancos

We offer a family discount of \$10.00 off for each additional player from the same family. The maximum fee per family is \$400.00. Please list the names of all additional family players:

**Player Shirt:** Circle ONE SIZE (Your selection is what size shirt we will order for your ballplayer)

**YOUTH:** XS S M L    **ADULT:** S M L XL XXL    Top 3 Uniform # Choices: \_\_\_\_\_

**Hat Size:** XS/S    S/M    L/XL

Registration Deadline is **MARCH 14, 2020**. Late registrations **WILL** be placed on waiting list.

Registration Fee: \$ \_\_\_\_\_ less Family Discount (if applies) \$ \_\_\_\_\_ plus Late Fee (if applies) \$ \_\_\_\_\_  
 Total Amount Due for this Player: \$ \_\_\_\_\_

**Parental Consent & Release:**

As a parent or legal guardian of the above named player, I hereby give my consent for his/her participation in any and all Southwest Colorado Youth Baseball (SCYB) Little League activities during the current season. Furthermore, by signing below, I hereby release coaches, volunteers, organizers and/or participants of SCYB Little League from all liability resulting from injuries or damages incurred while the above named player is participating in any event sponsored by SCYB Little League. On behalf of the above named player, I accept any and all risks of injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>League Use Only:</b>		Registration Date:
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No      Code of Conduct: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received By:
Proof of Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No    Notes:		Entered:
1. _____	2. _____	3. _____
Medical Release: <input type="checkbox"/> Yes <input type="checkbox"/> No    Notes:		Coach:
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check #		Team:

**Southwest Colorado Youth Baseball  
2020 Little League Season  
Parent Code of Conduct**

Preamble:

The essential elements of character building and ethics in sports are embodied in the concepts of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character”.

I, therefore, agree:

1. I will not force my child to participate in sports.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
5. **Team parents will be given 1 warning. After 1st warning they will be suspended for that game and the following 2 games. On the second offense they will be banned from the field for the remaining season.**
6. I (and my guests) will not engage in any kind of unsportsman-like conduct with any official, coach, player or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one’s best is more important than winning so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will remember that children participate to have fun and that the game is for youth, not adults.
14. I will emphasize skill development and practices, and how they benefit my child, over winning. I will also de-emphasize games and competition at the lower age groups.
15. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
16. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
17. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and I will refrain from their use at all sporting events.
18. I will refrain from coaching my child or other players during games and practices, unless I am on of the official coaches of the team.

Date: \_\_\_\_\_ Player’s Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



# 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: \_\_\_\_\_