



**APPLICATION TO PLAY IN SUNNYVALE SOUTHERN LITTLE LEAGUE (SSLL) – page 2 of 2**  
**Little League Baseball, Inc., California District 44 – 2006 Season**

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12. Does \_\_\_\_\_ (Full player name) live within our boundary? \_\_\_\_\_
13. I understand that Little League Baseball Inc. carries a secondary insurance policy that will only be used when the limits of my insurance policy have been exhausted. \_\_\_\_\_ **(initial)**
14. I will be responsible for reporting ALL of the above Player's Little League related injuries to the League President in writing as soon as an injury occurs. \_\_\_\_\_ **(initial)**
15. I understand that the local league is franchised by Little League Baseball Incorporated, which is the governing body for this program. By approving their franchise, Little League Baseball Incorporated has set guidelines by which this league must operate. Should I have any grievance with the local league, I will state my grievance in writing and present it to the league President for evaluation. If I am not satisfied with the evaluation, I will agree to present the same document to the District 44 Administrator who will contact Little League headquarters for final clarification. \_\_\_\_\_ **(initial)**
16. I understand that I must present acceptable "proof of age" and "proof of residency" documents before the above player can participate in any Little League games. \_\_\_\_\_ **(initial)**
17. I, the parent or legal guardian of the above named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, board members, participants and persons transporting my child to and from activities, for any claim arising out of an 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. . \_\_\_\_\_ **(initial)**
18. I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear. I agree to be liable and responsible for damage to uniforms and equipment issued to me/us except for normal wear and tear. \_\_\_\_\_ **(initial)**
19. **PARENTS' CODE OF ETHICS:** \_\_\_\_\_ **(initial)**
- I will place the emotional and physical well being of all the children ahead of my personal desire to win.
  - I will remember that the game is for the children and not for myself.
  - I will do my part to create a safe atmosphere around the kids as they enjoy their youth and their sport.
20. **SPECIAL REQUESTS.** Please write in this area. (There is no guarantee that requests will be honored.)

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**Volunteer Information:**

21. I will work two(2) snack shack shifts during the regular season for each child I have in the League plus one(1) additional shift if my child is on a post season team. I understand that if I volunteer to umpire at least three games, I do not have any snack shack obligations for the season. \_\_\_\_\_ **(initial)**
22. I am willing to participate in: SSLL Board -  Coach -  Manager -  Team Parent -  Umpire -

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Player: Father -  Mother -  Legal Guardian -

Mail signed application with check to: SSLL  
PO Box 2054  
Sunnyvale, CA 94087

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**LEAGUE USE ONLY (check both sides of application)**

Amount received: \_\_\_\_\_ Check discount: 0% -  5% -  10% -  15% -  20% -  25% -

Name(s) referred for 5% new player discount: \_\_\_\_\_

Type of proof of age document (Check one): Birth Certificate -  Passport -

Type of legal residency document (Check one): PG&E -  Phone Bill -  Other - : \_\_\_\_\_

This application, player age, and residency documents are in accordance with LL Rules: Yes -  No -

League Representative/Date: \_\_\_\_\_ President/Date: \_\_\_\_\_