



2017 House Baseball/Softball Registration

The Ljal house baseball and softball programs are open for all boys & girls ages 7-16 who are residents of the City of Livonia or reside in the Livonia Public School District. The focus of the program is to teach fundamentals and sportsmanship. Every effort will be made to balance teams within each division based on residency, age, size and experience.

REGISTRATION INFORMATION

Walk-in: February 1, 2017 7:30pm-9pm, March 1, 2017 7:30pm-9pm and March 22, 2017 7:30pm-9pm

Where: Dickinson Center, 18000 Newburgh Rd. (between Seven Mile & Six Mile roads)

Cost: Walk-In or Online- \$145 per player, \$130 2nd child, \$115 3rd and additional child

Payable by check, cashier's check or money order (**no cash will be accepted**)

Please make checks payable to: Livonia Junior Athletic League or Ljal

Receipts only available thru Online registration

Online: Registration is open until March 22, 2017

Late Registration Fee: A \$25 fee will be charged on all registrations after March 22, 2017.

Teams will be formed starting March 23, 2017.

Livonia Parks & Recreation does not accept Ljal Registrations

THE Ljal HAS A NO REFUND POLICY. Please email questions or concerns to baseball@ljal.com

Player's Name: _____ **Date of Birth:** ____ / ____ / ____ **Phone:** (____) _____

Address: _____ **City:** _____ **Zip:** _____

Email address: _____ **School/Grade(2016-17):** _____

Sex: M/F _____ **Baseball Age: (as of 4/30/2017)** _____ **Softball Age: (as of 12/31/2016)** _____

Guardians Names/Cell: Mother _____

Father _____

Signing Up For: ___ 8U Baseball ___ 10U Baseball ___ 12U Baseball ___ 14U Baseball ___ 16U Baseball

 ___ 8U Softball ___ 10U Softball ___ 12U Softball ___ 14U Softball

Player / Parent information (address, phone numbers, age, email address) is utilized by the Ljal solely for the purpose of verifying eligibility, organizing teams and enabling required contact with players and parents. Address information is utilized by the Livonia Department of Parks and Recreation solely for the purpose of determining residency. Information provided will not be shared with any other outside individuals or organizations.

WAIVER & MEDICAL RELEASE

I do hereby release the Livonia Junior Athletic League (Ljal) and its Membership Units of any responsibility. I hereby waive any and all rights and claims from damages arising out of injuries received from my child. I also agree to hold harmless the Board of Directors, Officials, Officers, Coaches and Assistant Coaches. I hereby authorize the coaches, officials associated with my child's team and the Ljal to secure emergency medical treatment for my child as they deem necessary as the result of my child's participation in Ljal. Additionally, my registration acknowledges that my child must return all equipment issued to them by the Ljal on time (as specified). Failure to do so shall prevent them from participating in any activity/sport sponsored by the Ljal. It also acknowledges that the Ljal and individual unit websites may contain my child's name and picture(s) and authorizes the use therein. Also, my registration acknowledges that the Ljal has a "no refund policy". Finally, by registering my child to participate in the Ljal I agree to abide by Ljal's Code of Conduct.

Concussion Awareness and Code of Conduct

I have reviewed the Heads Up Concussion Parent & Athlete Information Sheet and the Ljal Code of Conduct Policy. I acknowledge that it has been received and will be followed.

Parent / Guardian name (printed): _____

Parent / Guardian Signature: _____ **Date:** _____

Note: Registration forms cannot be accepted without the parent or guardian signature.

Register On-Line at: www.ljal.com/baseball

Please list **ONE** player or coach you would like to play with on the same team. (Requests will be considered but are not guaranteed)

Player/Coaches Name: _____ **Phone:** _____

Volunteer Registration Form

The LJAL does not exist without the generous support of volunteers.
Please volunteer to coach a house baseball or softball team by completing the form below.

Coaches Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Email address: _____

Drivers' License Number: _____ Date of Birth: ____ / ____ / ____

*Drivers License Number is used to conduct the background check

I am willing to be a: _____ Head Coach _____ Assistant Coach

Signing Up For: ____ 8U Baseball ____ 10U Baseball ____ 12U Baseball ____ 14U Baseball ____ 16U Baseball
 ____ 8U Softball ____ 10U Softball ____ 12U Softball ____ 14U Softball

Son(s) / Daughter(s) you will be coaching: _____



Coach/Volunteer Concussion Certificate

In order to meet the requirements of the law all coaches, employees, volunteers, and other adults who are involved with a youth athletic activity must complete one of the concussion awareness on-line training courses listed below. Please follow the appropriate link below for either youth or high school sports training. These videos are approximately 30 minutes. Please be sure to print or save the certificate that is offered at the end of the training session.

3 Training Websites are listed below to get your Concussion Certificate

[U of M Concussion Education](http://www.uofmhealth.org/medical-services/brain-neurological-conditions/concussion/concussion-education) - Concussion Training from Michigan NeuroSport

<http://www.uofmhealth.org/medical-services/brain-neurological-conditions/concussion/concussion-education>

[Youth Sports Training](http://www.cdc.gov/concussion/HeadsUp/Training/index.html) - CDC "Heads Up" Concussion In Youth Sports

<http://www.cdc.gov/concussion/HeadsUp/Training/index.html>

[High School Sports Training](http://nfhslearn.com/?courseID=38000) - The National Federation of State High School Associations (NFHS) Training

<http://nfhslearn.com/?courseID=38000>

I acknowledge that I must complete and submit the coaches concussion awareness certificate _____ (Initial)

Please turn in your completed Concussion Training Certificate with the volunteer registration form.

Coaches Code of Conduct

It is understood that coaches are role models for their players and will conduct themselves in an appropriate manner at all times. They are also ultimately responsible for the behavior of their bench personnel, including players and assistant coaches. Coaches will also be asked to take responsibility for the conduct of their spectators. An umpire, at their discretion, may ask a coach to intercede with specific instances. Coaches are expected to assist the umpire with any request to intercede with specific instances or spectators.

1. Coaches will address umpires in an appropriate manner. Arguing of calls is not acceptable and will not be tolerated. First Offense: Warning. Second Offense: Warning (Ejection left to umpire's discretion). Third Offense: Automatic ejection and possible suspension per league review.

2. Coaches are to refrain from the use of profanity. First Offense: Warning (Ejection left to umpire's discretion). Second Offense: Automatic ejection and possible suspension per league review.

3. Coaches may not address players on the opposing team in a negative fashion. First Offense: Warning (Ejection left to umpire's discretion). Second Offense: Automatic ejection and possible suspension per league review.

MISCELLANEOUS

To the extent these standards and penalties are in conflict with the LJAL Baseball rules, the rules will prevail.

I acknowledge that I have read and will abide by the LJAL Coaches Code of Conduct _____ (Initial)

Volunteers Signature: _____ **Date:** _____

