



P.O Box 22936, Eugene, OR 97402

2008 Refund Policy

All requests for refund must be in writing and submitted to the League Treasurer. 50% refund up to first week of practice). Whether player goes through evaluations or not. No refund after practice starts.

Exceptions:

Medical refund with a doctor's statement will be reviewed on a case by case basis. Please allow 2 to 3 weeks after request is received to process the refund and issue the check.

Player Name: _____
Parent Name: _____ Date: _____

PARENTAL PARTICIPATION AGREEMENT

1. I/We the parents/guardians of the child participant above-named hereby give our approval for participation in any and all Little League activities, including transportation to and from the activities.
2. I/We know participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence for any other cause.
3. I/We acknowledge my/our child, if league age 9-14, will be required to participate in at least 50 percent of the league's scheduled Player Evaluations for their age group to assist the league in creating better balanced teams and creating a pool of players for the draft into Major (ages 11-12) and Junior League (ages 13-14) teams.
4. I/We understand my/our child (league age 11-12) may be chosen at any time to play on a Majors Division. Declining such a move will result in forfeiture of eligibility for any future move up for the current season and may incur further restrictions by Emerald Valley Little League.
5. If my/our child plays on Junior League teams, I/we agree to return the uniform and any equipment issued. To my/our child in equivalent condition as when received, except for normal wear and tear.
6. I/we agree to provide PROOF OF LEGAL RESIDENCE of my/our child (as defined by Little League Baseball, Inc.) and PROOF OF AGE. I/We understand our child must be eligible under the residence and age regulations specified by Little League Baseball, Inc., to participate in Emerald Valley Little League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport, PA will be final and binding. I/We understand should any player be found to not qualify by residence and/or age and be on a tournament team, such participant and/or team on which they participate shall be found ineligible for Tournament Play.
7. I/We will furnish a STATE ISSUED and CERTIFIED BIRTH CERTIFICATE of the above-named player to the District Little League Officials for viewing and certification of Proof of Age, or fully comply with the requirements for obtaining a STATEMENT IN LIEU OF ACCEPTABLE PROOF OF BIRTH as stated in the 2005 Little League Rule Book.
8. I/We understand that Little League Baseball, Inc. uses eteamz.com and the Active Network as its official on-line network. I/we understand the network is protected by the Children's online Privacy Protection Act, and hereby give my/our consent to the collection and use of personal information to enable him/her to become a member of eteamz.com and the Active Network.
9. I/We permit Little League Baseball, Inc. and Emerald Valley Little League to use and release photographs and recorded medium of my/our child in promoting or advertising Little League Baseball and Softball.

Signature of Parent/legal Guardian: _____ Date: _____

