



# Skills Clinics (pitching, fielding, catching)

All Minor and Major Little League players are invited!



Location: Cady Stanton Elementary School Gym  
(Please use the rear entrance closest to the playground.)



## Softball

Tuesdays- January 24<sup>th</sup> – February 14<sup>th</sup>  
& February 28<sup>th</sup> – March 21<sup>st</sup>

Minor Level Players- 6-7:15 PM

Major Level Players- 7:15-8:30 PM



## Baseball

Thursdays- January 26<sup>th</sup> – February 16<sup>th</sup>  
& March 2<sup>nd</sup>, 9<sup>th</sup>, 23<sup>rd</sup>

Minor Level Players- 6-7:15 PM

Major Level Players- 7:15-8:30 PM

Please sign up by sending an email to [fll.secretary@gmail.com](mailto:fll.secretary@gmail.com) by January 20<sup>th</sup>

Indicate: the player's name, division (Baseball or Softball) and level of play (Minor or Major)

We encourage you to come as often as you can! (There is no requirement to be at every clinic.)

If you have not completed Little League registration or submitted the Medical Release Form, a parent or guardian will need to sign a Permission to Participate document and complete the Medical Release Form before the player may participate.

(Documents are attached and will be available at the clinics)

**Seneca Falls Community Little League  
Skills Clinics- Permission to Participate**

**Player's Name** \_\_\_\_\_

1. I/We, the parents/guardians of the above-named player, hereby give my/our approval to participate in any and all Little League activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors and participants from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. Insurance Notice: The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits. See Form: "What Parents Should Know About Little League Insurance" on the website.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal 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/Legal Guardian Signature Date:

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.