

Please fill out the forms (5 pages) and return to:

Norfolk American Legion Baseball
PO Box 1101
Norfolk, NE 68702-1101

NOTE: These forms **MUST** be filled out and mailed in order for your child to be eligible to play baseball. Per the Nebraska State American Legion, if we do not have these forms before the season begins, your child cannot not play, even if your registration fee has been paid.

If you have any questions, please feel free to contact:
Deb Wolff at deb@legionbaseball.org

Thank you!

Norfolk American Legion Baseball Committee

AMERICAN LEGION BASEBALL



2017 Form #2

Player Agreement

Please **PRINT** or **TYPE**

PLAYER'S NAME

First, MI, Last (as it appears on driver license or birth certificate)

I certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALB) player this season to (team name). I agree to abide by all ALB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Baseball Appeals Board are outlined in National Rule 10 of the American Legion Baseball Rule Book.. Voluntarily and of my own free will, I elect to participate in the ALB program and as a member of my ALB team.

I understand and acknowledge that the very nature of baseball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in ALB. I agree in the event of illness or injury during an ALB game or practice, I hereby give consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to assure my safety.

I irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in conjunction with or without my name, made through any medium, for publicity, advertising, promotional or any other lawful purpose without compensation to me.

I have read ALB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are available at www.legion.org/baseball/resources) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the ALB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the ALB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the ALB program, including but not limited to travel to and from program related activities, whether the result of negligence or for any other cause; and (2) any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Indiana, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Indiana, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

Player's signature

Player's printed name

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

Parent's or legal guardian's signature

Medical insurance & policy number for player

Parent's or legal guardian's printed name

Family physician & phone number

Date

Emergency contact person & phone number

Relationship to player

Parent's phone number

AMERICAN LEGION BASEBALL



2017 Form #2 Continued

Player Information Sheet

Please PRINT or TYPE

Player's name (*first, middle, last*)

Parent's home address (*street address, city, state, ZIP*)

Parent's telephone number

High school attended

Year of graduation

School enrollment (*grades 10, 11, 12*)

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Player's weight

Bats

Throws

SUGGESTED AMERICAN LEGION BASEBALL DRUG AND ALCOHOL POLICY

The American Legion strongly encourages each Post sponsoring a team to establish an Alcohol and Drug Policy. Local Posts are encouraged to work with their State High School Federation and local school district to establish an Alcohol and Drug Policy that mirrors their policies. The suggested policy on pages 24 and 25 is used by an American Legion Post in Minnesota. The National Americanism Commission recommends and encourages every American Legion Post to establish a similar policy.

Abuse of drugs and alcohol is a nationwide problem that affects persons of every age, race, gender and ethnic group. It poses risks to the health and safety of both the individual and the community, and The American Legion is committed to taking steps to reduce these risks.

To do so, The American Legion Post baseball team has adopted this policy that establishes standards that all team members must meet, and sets out consequences for those who violate this policy.

All team members must attend an educational program, developed by The American Legion Post coaching staff, on drugs and alcohol. (Read and sign off that they've read materials on drugs and alcohol.)

No team member shall report for any team related activity (practice, games, other sponsored functions) if they have used alcohol or any controlled substance, except when a physician has prescribed medication for a valid medical condition and the team member is taking it as prescribed.

Team members who are seen by a member of the coaching staff or another adult in a position of authority, using or possessing drugs or alcohol, or in possession of drug paraphernalia (as defined in prevailing state law), during a team event will be subject to the discipline outlined below.

In instances where another person, such as another team member, family member, or fan, reports a violation of this policy, the violation will be investigated on a case by case basis. If the person reporting the violation is willing to provide a written statement and /or testify in court (if needed), the report may be treated the same as if the violation was observed by a member of the coaching staff or an adult in a position of authority.

Alcohol: Possession or use of alcohol is a violation of state law for persons under 21 years of age. While alcohol is a legal substance for persons over age 21, alcohol abuse is a serious health problem, and violations will be treated seriously. Therefore, possession or use of alcohol by a team member will result in State High School Federation Rules being applied.

Discipline:

First Offense will result in the player being suspended for 2 weeks.

In addition, for a first offense, the team member will be required to obtain an evaluation by a chemical use counselor, and to provide a consent to that counselor to let a team official know of the assessment results, recommendations, and team member compliance.

The American Legion Post will not tolerate a second offense.



NOTIFICATION OF DRUG AND ALCOHOL POLICY

I acknowledge that I have seen and read the American Legion Baseball *Team Drug and Alcohol Policy*. I hereby consent to abide by it and abstain from alcohol and drug use, as outlined in the policy.

I understand that any violation of this drug and alcohol policy may be discussed with and/or made available to my parents or legal guardians. I further understand that any violation of this policy may mean I will be removed from the team and/or it will affect my ability to become a team member in the future.

If/when I take over-the-counter or prescription medications, I agree to take them according to the directions, and to only take prescription medications prescribed to me for a valid medical condition.

Name <i>(Please Print)</i>	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>
Parent/Guardian Name <i>(Please Print)</i>	<input type="text"/>
Phone Number	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>



Norfolk American Legion POST #16 Baseball Player and Parent Code of Conduct

- I. I agree to follow the National Code of American Legion Baseball as directed by the American Legion National Headquarters.

- II. As a member of the Norfolk American Legion POST #16 Baseball Program, I understand that my actions, while in uniform, will be observed on and off the diamond. My conduct will always be such that it brings credit to my parents, my community, our baseball program and me. If guilty of misconduct I realize that I can be dismissed or suspended from the squad by the direction of my coach, or Norfolk American Legion Board of Directors. I understand that I may appeal any suspension or dismissal to the Board of Directors.

- III. As a player in the program, I will be held responsible for my conduct and I will be willing to fulfill a basic code of good conduct. I know that the following items are minimums as to what the coaches, the Board of Directors of the Norfolk American Legion POST #16 and the Board of Directors of American Legion Baseball, believe are evidence of poor conduct of an athlete. Failure to comply with the following could result in termination from the team.
 - 1. No use of tobacco (including chew) of any kind.
 - 2. No use of alcoholic beverages.
 - 3. No use of illegal drugs or narcotics (other than drugs prescribed by a registered and licensed physician).
 - 4. Theft or vandalism of any kind will not be tolerated and you will be held personally responsible for your actions.

All of the above includes any American Legion function, regardless of location.

- IV. I agree to follow instructions during games and practices as directed by my coach or coaches. I agree to be respectful to my coaches as well as my fellow players at all times.

- V. I understand that each incident will be handled on a case-by-case basis in consultation with the American Legion POST #16 Board of Directors.

- VI. Parents and Guardians of players in the Norfolk American Legion POST #16 program shall at all times conduct themselves in a manner that serves as a good example for our players and POST #16. Verbal abuse towards coaches, umpires, opponents, or any player shall result in immediate removal from the premises and may result in your child being ineligible.

- VII. All coaches in the POST #16 program have been selected and approved by the Board of Directors. Only those coaches who have been approved by the Board and have completed the necessary background checks and concussion documentation may participate in any practice or game. NO EXCEPTIONS.

- VIII. No guarantee of playing time or position will be granted. The coaches will have sole control over these issues. All players are encouraged to talk with their coach regarding concerns in these areas. At no time shall a parent or guardian confront a coach immediately before or after a game or at practice with players in attendance.

IX. Fees for playing in Norfolk American Legion Baseball are non-refundable.

As a player or parent/guardian in the Norfolk American Legion POST #16 program, I have read and do rightfully understand the basic code of conduct expected of me. I also understand the penalty of misconduct on my part.

Date: _____ Player's signature: _____

As parents of _____, a prospective American Legion Baseball player, I have read and agreed with the Norfolk American Legion POST #16 and the American Legion Baseball Code of Conduct for my son and myself.

Date: _____ Parent's signature: _____

Violation of this Code of Conduct could result in disciplinary action, up to and including removal of player from the program.