



Cascade Little League Procedures

Title: Cougar Tournament Policy	Effective Date: January 1, 2009
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Purpose

To provide Cascade Little League Board Members, Managers and Coaches a guideline to facilitate tournament teams and participation with Non-Little League affiliated programs.

Definitions

Cougar Tournament Team – Any team either Baseball or Softball consisting of Cascade Little Leaguers, Managers and Coaches.

Other Youth Baseball/Softball Programs –

Is any Baseball/Softball program that consists of but not limited to Junior Baseball Organization (JBO) or Amateur Softball Association (ASA).

Procedures

1. Cascade Little League Board of Directors will set policy and have controlling authority for all Cougar Tournament Teams.
2. All Cougar Tournament Teams will carry a Sports Accident Insurance covering all participating managers, coaches and players.
3. Little League age charts for Baseball and Softball will be utilized for Cougar Tournament Team participation.

Cougar Tournament Team Managers and Coaches

1. Manager and Coaches may manage or coach a Cougar Tournament Team associated with other youth (baseball/softball) programs through an official request and approval of the local league board.
2. If a Manager or Coach elects to participate in a Cougar Tournament Team, he or she shall apply for interested position using Cascade Tournament Team Manager/Coach application form.
3. Manager or Coaches shall agree to adopt and follow all rules and policies set forth by Cascade Little League Board of Directors or Little League Baseball Incorporated in Williamsport, PA.
4. Managers or coaches that participate in Cougar Tournament Team will not disrupt games, practices or rosters for the regular season or tournament team of Cascade Little League.
5. Managers or coaches shall be dedicated to the Cascade Little League program.
6. Managers or coaches shall follow the policies, rules and procedures established by Cascade Little League Board Members.

Cougar Tournament Team Players

1. Cascade Little Leaguers **ONLY**, will be considered for Cougar Tournament Team play using the Cascade Little League boundaries.
2. Players selected for Cougar Tournament Teams will carry special insurance and be covered by said insurance during any Cougar Tournament Team participation.
3. Participation in Cougar Tournament Teams will not disrupt regular season games, practices or rosters.
4. Cascade Little Leaguers shall be dedicated to the Cascade Little League program.



P.O. Box 510, Turner, OR 97392

Manager/Coach Cougar Tournament Team Application Form

By completing this application, I am certifying that I am not a user of drugs and I will not use tobacco products or alcohol while around the kids or any Little League facility. Also, I have not been convicted of a felony and am not currently, nor have I within the past three years been in psychiatric care, the nature of which would affect my relationship with Little League players.

Name: _____ Date of Birth: _____
Please Print MM/DD/YY

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you want to **Manage** or **Coach** (circle one) **Baseball** or **Softball** (circle one)

What Level would you like to manage or coach a Cougar Tournament Team?

10U ___ 12U ___ 14U ___

Please describe briefly any circumstances that would indicate that you have established a history of primary dedication to this Cascade Little League program.

1. Have you ever managed or coached in a Little League or youth sports program?

Yes:___ No:___ Dates:_____ Age group/s:_____

Where:_____

2. Have you ever received training as a baseball/softball manager or coach?

Yes:___ No:___ Where:_____ When:_____

Type of Training:_____

3. As a manager or coach you will be asked to umpire for the AAA and below.

Is this a concern? Yes:___ No:___ Explain:_____

Additional Comments:_____



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***Manager/Coach Cougar Tournament Team
Application Form Cont.***

I agree to the following conditions in order to be considered for appointment to manage or coach a Cougar Tournament Team in this Cascade Little League program:

(Initial each item)

_____ I pledge my primary dedication is to the Cascade Little League program.

_____ I pledge that my participation in another youth baseball/softball program will not disrupt the games, practices or roster for the regular season or tournament team of Cascade Little League program.

_____ I pledge that I will solicit or seek Cougar Tournament Players from only the Cascade Little League program and its' boundaries.

_____ I understand that the protection of a pitcher's arm, particularly when participating in multiple programs, is of prime importance and is a top priority.

_____ I will implement protective measures with regard to the number of innings pitched by pitchers who participate in multiple programs.

I hereby acknowledge that I have been briefed by Cascade Little League officials regarding the policies concerning managers or coaches who participate in non-Little League baseball/softball programs. If I am appointed to manage or coach a Cougar Tournament Team in Cascade Little League program, then any misrepresentation of any statements herein or any violation of any of the above covenants and conditions could result in penalties being imposed against me or my Cougar Tournament Team by the board of directors of Cascade Little League.

Signature of Applicant: _____ **Date:** _____

Cascade Little League Official Board Use: Date manager/coach was accepted: _____ President's Signature: _____
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Player Cougar Tournament Team Application Form

Player Name: _____	Date of Birth/Age: _____ / _____
Parent Name: _____	Phone:home/Cell: _____
Address: _____	City/State: _____
Email: _____	

I (Parent/Guardian) agree to the following conditions in order for my above listed child to be considered as a player with the Cougar Tournament Team in this Cascade Little League program:

(Initial each item)

- _____ I (Parent/Guardian) pledge my primary dedication is to the Cascade Little League program.
- _____ I (Parent/Guardian) pledge that participation in another youth baseball/softball program will not disrupt the games, practices or roster for the regular season or tournament team of Cascade Little League program.
- _____ I (Parent/Guardian) understand that the protection of my players pitching arm, particularly when participating in multiple programs, is of primary importance and top priority.
- _____ I (Parent/Guardian) will monitor and implement protective measures with regard to the number of innings pitched in multiple baseball/softball programs.
- _____ I (Parent/Guardian) approve of their participation in any and all Cougar Tournament Team activities, including transportation to and from these activities.
- _____ I (Parent/Guardian) know that participation in baseball and 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 Cascade Tournament Team Coordinators.
- _____ I (Parent/Guardian) know that in case of emergency or in the event of a serious injury or illness, I give my consent and authorization for my/our child to be medically treated by a qualified physician and allow such physician to render such medical treatment as the DOCTOR decides necessary under the circumstances including but not limited to first aid treatment, anesthetics, suture of wounds, x-rays, and/or hospitalization.
- _____ I (Parent/Guardian) understand that Sports Accident Insurance will be purchased for the above-named player at my expense.

Signature of Parent or Legal Guardian: _____



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*Player Cougar Tournament Team
MEDICAL RELEASE Form*

Player: _____ Date of Birth: _____

Parent or Guardian Authorization:

In case of emergency or in the event of a serious injury or illness, I/we give our consent and authorization for my/our child to be medically treated by a qualified physician and allow such physician to render such medical treatment as the DOCTOR decides necessary under the circumstances including but not limited to first aid treatment, anesthetics, suture of wounds, x-rays, and/or hospitalization.

Insurance Carrier

Policy #

Family Physician: _____ City: _____

Hospital Preference: _____

In case of emergency, contact:

<i>Name</i>	<i>Phone</i>	<i>Relationship to player</i>

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. Diabetic, Athsma, etc.)

Signature of Parent of Legal Guardian _____

REFUSAL OF MEDICAL RELEASE

I/We decline to accept the terms of the above medical release and agree to hold harmless Cascade Little League, Little League International, the Board of Directors of CLL, the manager or coaches or any other volunteer of CLL for any problems or harm to my/our child which is a direct result of my/our refusal to accept the terms of the above medical release.

Signature of Parent of Legal Guardian _____