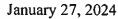


### City of Livingston 1416 C Street

Livingston, CA 95334



Dear Coaches;

Time for Baseball/Softball!



Because of our Growth and need for coaches we are offering an incentive for Baseball/Softball **HEAD COACHES**. If you sign up to be a Head Coach for the 2024 Baseball Softball Season you will get 50% of your child's registration fee. Please let us know by call, text or email ASAP. (first come first serve)

This year's team selection process will begin with a mandatory skills assessment for players 9 years and up. It is an assessment to grade our players to assist in making our teams as balanced as possible. Skills assessments for girls softball will take place on March 9<sup>h</sup> 8:30am check in at LHS Softball complex on Peach and Lincoln. Skills assessments for baseball will take place March 16th 8:30am check in at the Alvernaz Field. Times are as follows:

Baseball 9 & 10 years Check in at 8:30am, Assessment start time 9am to 10:30am / 11 & up Check in at 10am, Assessment start time 10:30am – 12pm.

Softball 9 & 10 years Check in at 8:30am, Assessment start time 9am to 10:30am / 11 & up Check in at 10am, Assessment start time 10:30am – 12pm.

T-ball, Rookies and Mini Tails Coach Meeting will be Monday, March 11th at the city council chambers at 6pm.

Girls Minor and Major Softball Coach Meeting, will be March 13th at 6pm in the City Council Chambers, 633 Main Street.

Minor and Major Baseball Coach Meeting will be Monday March 18th at 6pm in the City Council Chambers, 633 Main Street.

If any of you know of someone who will sponsor a team I am enclosing a sponsor form. We need sponsors.

The Recreation Office number is 394-8830 or our email is <a href="mailto:ibenoit@livingstonca.gov">ibenoit@livingstonca.gov</a>

Thank you for your Help!!

Jacquelyn Benoit

Recreation Superintendent

50% off

Your Child's Baseball/Softball Registration Fee When you sign up to be a HEAD COACH for Livingston Youth Baseball/Softball League

Contact the Recreation Department ASAP

Livingston Recreation

YOUTH BASEBALL SOFTBALL LEAGUE

# REGISTRATION

January 27 9am - Noon
February 15 5pm - 7pm
March 2 9am - Noon
633 Main Street, Livingston
FEES:

3-4 YRS \$60

5-8 YRS \$60

9-14 YRS \$85

FEE INCLUDES RAFFLE TICKET
FUNDRAISER

NEW PLAYERS TO THE LEAGUE MUST BRING
COPY OF THEIR BIRTH CERTIFICATE TO
REGISTRATION

## Age Division Cut Off May 1st

Mandatory Skills Assessment March 9th for 9-14 year olds

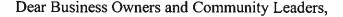
FOR MORE INFORMATION CALL THE REC OFFICE AT 209-394-8830

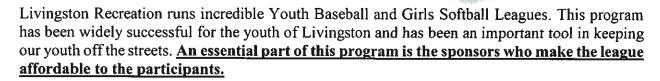
PURSUANT TO BP1325, DISTRIBUTION OF THIS FLYER DOES NOT IMPLY ENDORSEMENT OF THE GROUP'S ACTIVITIES, PRODUCTS OR SERVICES BY THE LIVINGSTON UNION SCHOOL DISTRICT.



"Livingston Recreation...eager to offer affordable Recreation activities to the residents of Livingston."

January 2024





Sponsorships are only \$225.00 per team. All sponsors names will be placed on the back of the jerseys of the team they sponsor and on the team banner that are made by the team Moms. We are also offering a Sponsor banner to you that will be hung on the outfield fence at Lil Guys and Gals Park. The banners are 3 foot tall by 5 feet wide and may be purchased for an additional \$50. If you are interested in the banner please check the space below and include your company logo or business card with your sponsorship. You will receive a team plaque at the end of the season. At the request of our sponsors we have a place on the form to pass on the sponsor plaque. Please indicate your choice below.

If you are able to sponsor a team please remit a check for \$225 to the Livingston Recreation Department, 1416 C Street, Livingston, CA 95334 by March 14, 2024. For more information, please contact me at 209-394-8830.

Thank you for your consideration and contributions to our community.

Jacquelyn Benoit

Please make checks payable to: City of Livingston

Recreation Superintendent

	om portion of this page and return ships received after March 14th w		
Sponsor Name			
additional \$50. A Busin No Banner this yea	ce a banner to be hung in the outess card or Logo is attached.  The Sponsor PlaqueNo sponsor Plaque	·	
Contact		Phone	**(((((\\\\\ <b>Play Ba</b> 
Address			(((((()))
City	State	Zip	- Million
Amount Enclosed \$			5.7500

COACH: \_\_\_\_ ASST. COACH:

City of Livingston Recreation Department Release and Permission to
Participate in Youth: BASEBALL/SOFTBALL
Please note that team request will not be guaranteed in any division



Division:

Birth Cert. on file: Y N

Undated 1/2019

1			J		Updated	1/2019		
Participant's Name	DOB	Age Today	Parent meeting attended	PITCHER CATCHER	Male or Female	Years played	Shirt Size	Fee
Name of Parent or Legal Guardian (nombre)								
Address (dirección)						Λ	4	
Address (dirección)						Ар	t	
City (ciudad) Phone Number (numero de teléfono) Mailing Address: (dirección de envío)(if different		Call	Mumbar		14	∠ıp-c	ode	
Mailing Address: (dirección de envío)/if differen	t than ah	CEII I	Mumber _		V	/K		
Parent email address:	i inen ab	ovej						
	ooo list	o rološiu	- /fui - u -l 1 -	la a constant	•	,		
In the event that parents cannot be reached, ple	3211 9256	a relativ	e/triena to	be notified	in case of	of an eme	ergency:	
Emergency Contact (contacto de emergencia):	wame:(n	ombre)_	144					
Home Telephone: numero de teléfono Family Physician (officina de medico):			Wo	rk Lelephor	ne:			
* List any appoint instructions at the list			Physic	ian's Telep	hone: (m	edico tel	efono)	
* List any special instructions, all allergies, immu	unization	s, medi	cations req	gularly take	n, or any	medical	conditions,	etc (liste
alergias)								
Do you need an accommodation/ if so explain:								
Authorization Consent to Medical, Surgi	cal, Ho	spital a	and Dent	al Care to	Minor	:		
I am a parent or person having legal custod	y or the	legal g	uardian d	of the abov	re partic	inant ar	d Laive n	ermissio
for the child to participate in Livingston Re	creation	ı Progra	am. In co	onsideratio	n of the	child be	ing nermi	itted to
participate in the above Recreation activity,	I with	the inte	ent of him	ding myse	lf mv sr	onna oc	any) and	my hoire
legal representatives, and assigns, release a	nd disch	arge th	ie Recrea	tion proor	am snon	sors fro	un all iniu	ries or
damages, suffered by the child while partic	ipation i	in the R	Recreation	Activity	Lunder	stand th	at in ciani	na thic
release, I do not exempt or release the City,	its cou	ncil ner	sons em	nlovees a	aents as	sione or	the Recre	ation
program sponsors from responsibility for an	ıv fraud	. willfi	ıl iniurv d	or willful c	r neolio	ent viols	ation of th	e law
committed by any such persons. I further u	ınderst	and th	at: "The	City of Li	vinastoi	n dage	not have	Claw
provide medical or accident insurance	e for n	ersons	s involve	d in produ	rame er	onsore	d by the	Darks
Recreation and Community Services De	enartm	ent " I :	also und	erstand ti	hat once	onsore suniforr	ne hove h	rains,
ordered there are NO REFUNDS. I also ur	idersta	nd that	t it is mv	responsi	hility to	contac	t my chile	<u>een</u>
if I do not hear from him or her several o	lavs aft	er the	team po	stina.	int.	Contac	t my cime	a s coac
The UNDERSIGNED, who is a parent or person	having I	egal cus	stody or th	e legal gua	rdian of t	he above	-named ch	ild hereh
authorizes any adult employee of the City of Livi	naston F	Recreation	on Departi	ment into w	vhose car	re the chi	d has hoo	n entruete
authorizes any adult employee of the City of Livingston Recreation Department, into whose care the child has been entruste to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered								
the child under the general or special supervision and upon the advice of a physician and surgeon licensed under the								
provisions of the Medical Practice Act, or to con-	sent to a	n x-rav (	examinatio	n aneethe	tic denta	l or curai	cal diagnor	uic cic or
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is understood that the City of Livingston neither	aeeumae	noradi	mite to an	u unuer me Lliability for	provision	of any	Dental Pra	Clice Act.
services, including ambulance fees, rendered pu	ircuant t	thic au	illo lu arij ithorization	This outh	paymen	i or any n	nedical or r	elated
participation of the named child in a program or	nroaram:	s condu	cted by th	i. Tiis aum a City of Liv	inaston	is given	to consider	ation of
participation of the Harried Silika at a program of	program	s condu	cted by the	e City of Liv	ingston.			
Please Print Name:	<u> </u>			·		_		
Signed Parent/Legal Guardian :(firma)						) m t = :		
Note to Parents: The purpose of this form is to authoriz	e adult en	nplovees	of the City	of Livingston	to obtain	ote:	urnical or de	ental aid fo
Note to Parents: The purpose of this form is to authorize adult employees of the City of Livingston to obtain medical, surgical or dental aid for your child should the need arise. The authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. Aviso par los Padres: El propósito de esta forma es de autorizar a los empleados adultos de la Ciudad de Livingston a obtener ayuda médica, quirúrgica o dental para su niño(a) si sur la cardidad la cardidad de Livingston a contra de la cardidad la cardidad de la								
ios Padres: El proposito de esta forma es de autorizar a los emplea la necesidad. La autorización es dada conforme a las provisiones o	dos adultos	de la Ciuda	ad de Livinost	on a obtener av	uda médica,	quirúrgica o	dental para su	niño(a) si sui
If interested in Coaching OR sponsoring a Team -				7 - 7/2	ness Name	e:		

(Need to fill out coach Application and finger printing is required by State) No cost

#### PARENT CODE OF ETHICS

- Hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth-not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will read the league rules and philosophy and do what I can to help all youth sports organizations implement and enforce them.

#### Addressing Unsafe Behavior for Players:

If unsafe/unacceptable behavior is displayed by your child, the child will receive up to 3 warnings and then will be dropped from the program.

If a child demonstrates excessive, dangerous behavior, the parent or emergency contact must be available to pick the child up, immediately.

A conference is required prior to the child returning to the program (see Student Endangerment policy).

#### Player Endangerment Policy

The Recreation Superintendent or designee may suspend any player if it is determined that an unsafe situation for players, volunteers or staff exists. An unsafe situation means a condition determined to constitute a threat to the health, safety, and well being of children and/or the **Livingston Recreation** personnel.

Parent Name, (please print)	
Signature	Date