



City of Livingston

1416 C Street
Livingston, CA 95334



January 27, 2024

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 9th 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 jbenoit@livingstonca.gov

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 A
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

Dear Business Owners and Community Leaders,

Livingston Recreation runs incredible Youth Baseball and Girls Softball Leagues. This program has been widely successful for the youth of Livingston and has been an important tool in keeping our youth off the streets. **An essential part of this program is the sponsors who make the league affordable to the participants.**

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
Recreation Superintendent

Please complete the bottom portion of this page and return no later with your sponsorship by March 14, 2024. Sponsorships received after March 14th will not be on the player jerseys, but can still purchase a banner)

Sponsor Name _____

Yes I would also like a banner to be hung in the outfield of Lil Guys and Gals field for an additional \$50. A Business card or Logo is attached.

No Banner this year

Yes I would like the Sponsor Plaque No sponsor plaque please

Contact _____ Phone _____

Address _____

City _____ State _____ Zip _____

Amount Enclosed \$ _____

Please make checks payable to: **City of Livingston**



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

Updated 1/2019

NO REQUESTS WILL BE ACCEPTED UNLESS PLAYERS ARE SIBLINGS IN SAME DIVISION. I ALSO UNDERSTAND THAT IF MY CHILD DOES NOT ATTEND THE SKILLS ASSESSMENT THEY WILL NOT BE ABLE TO PLAY IN THE LEAGUE. INITIAL DATE: _____

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) _____ Apt. _____

City (ciudad) _____ Zip-code _____

Phone Number (numero de teléfono) _____ Cell Number _____ Wk _____

Mailing Address: (dirección de envío)(if different then above): _____

Parent email address: _____

In the event that parents cannot be reached, please list a relative/friend to be notified in case of an emergency:

Emergency Contact (contacto de emergencia): Name:(nombré) _____

Home Telephone: numero de teléfono _____ Work Telephone: _____

Family Physician (oficina de medico): _____ Physician's Telephone: (medico telefono) _____

* List any special instructions, all allergies, immunizations, medications regularly taken, or any medical conditions, etc (liste alergias) _____

Do you need an accommodation/ if so explain: _____

Authorization Consent to Medical, Surgical, Hospital and Dental Care to Minor:

I am a parent or person having legal custody or the legal guardian of the above participant, and I give permission for the child to participate in Livingston Recreation Program. In consideration of the child being permitted to participate in the above Recreation activity, I with the intent of binding myself, my spouse(if any), and my heirs legal representatives, and assigns, release and discharge the Recreation program sponsors, from all injuries or damages, suffered by the child while participation in the Recreation Activity. I understand that in signing this release, I do not exempt or release the City, its council persons, employees, agents, assigns or the Recreation program sponsors from responsibility for any fraud, willful injury or willful or negligent violation of the law committed by any such persons. I further understand that: "The City of Livingston **does not have or provide medical or accident insurance** for persons involved in programs sponsored by the Parks, Recreation and Community Services Department." I also understand that **once uniforms have been ordered there are NO REFUNDS. I also understand that it is my responsibility to contact my child's coach if I do not hear from him or her several days after the team posting.** _____int.

The UNDERSIGNED, who is a parent or person having legal custody or the legal guardian of the above-named child, hereby authorizes any adult employee of the City of Livingston Recreation Department, into whose care the child has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to 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 consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the child by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Livingston neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given to consideration of participation of the named child in a program or programs conducted by the City of Livingston.

Please Print Name: _____

Signed Parent/Legal Guardian :(firma) _____ Date: _____

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 pai 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 su la necesidad. La autorización es dada conforme a las provisiones de la Sección 25:8 del Código Civil de California.

If interested in Coaching OR sponsoring a Team – Please check **SPONSOR:** _____ / Business Name: _____

COACH: _____ ASST. COACH: _____ (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 _____