**TEAM CHECK-IN FOR FIRST TOURNAMENT GAME**

(Circle) **DDM CBI GSM IMS TOC-Minor TOC-Major TOC-Juniors**

**First Game Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Host Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TSD OR DISTRICT OFFICIAL COMPLETING CHECK-IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This Check-In will remain with Team Pitching Record throughout the tournament**

**League**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Team Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TSD initials**

\_\_\_\_\_ Has copy of **Team Information Form** - to be completed and turned in with Lineup Form (each game).

\_\_\_\_\_ **Lineup Form** - **Last Name, then First Name or First Initial, Shirt # and position**

\_\_\_\_\_ Collect **Pitching Record/Affidavit** - Stays in score booth during game. **Manager to collect after game**.

\_\_\_\_\_ **League** **Safety Plan** (Printed copy)

\_\_\_\_\_ **Heads Up Certificate: \_\_\_\_Mgr. \_\_\_\_C1 \_\_\_\_C2 California Law**

\_\_\_\_\_ **Abuse Awareness Training Certificate: \_\_\_\_Mgr. \_\_\_\_C1 \_\_\_\_C2 Little League**

\_\_\_\_\_ **Sudden Cardiac Arrest Protocol Certificate: \_\_\_\_Mgr. \_\_\_\_C1 \_\_\_\_C2  AB379**

\_\_\_\_\_ **Diamond Leader Training Certificate: \_\_\_\_Mgr. \_\_\_\_C1 \_\_\_\_C2 Little League**

\_\_\_\_\_ **First Aid Kit**

\_\_\_\_\_ **Signed Parent & Child Concussion Awareness Form- current year, for each player**

\_\_\_\_\_ **Medical Releases** for each Player - any medical issues noted below. Circle Note expiration date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inhaler Epi-Pen Exp. \_\_\_\_\_\_\_\_\_

Player name Medical issue

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inhaler Epi-Pen Exp. \_\_\_\_\_\_\_\_\_

Player name Medical issue

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Player name Medical issue

All required treatments/medications must be verified as **available by the TSD and in the dugout for each game**- such as in player’s equipment bag or other location known to manager and coaches. Cannot be with a parent who might be late or leave the immediate vicinity!

**Expired or missing** inhaler, Epi-pen or other identified essential medication means the player cannot participate in the game and should not be in the dugout until the matter is rectified.

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Information Form and Team Check-In Form attached to Team Pitching Record for Tournament**