

Four County LITTLE LEAGUE 2020 FALL (COVID-19) SEASON PLAYER AGREEMENT

PLAYER NAME: _____ DATE: _____

I have been told the following rules for me to play with Four County Little League (FCLL) this fall and agrifollow the below listed rules:	ree to
1. No spitting, seeds, gum, or licking my fingers at any time when at the ball field.	
2. If I need to cough or sneeze I will face into my shirt, elbow or use a tissue. If I use a tissue I will throw the trash right away. I will cleanse my hands with sanitizer after sneezing/coughing.	it in
3. I will not touch, use, or ask to use another player's equipment.	
4. I will wear a face covering when asked.	
5. I will use hand sanitizer between innings and whenever the coach tells me.	
6. I will stay in my assigned space and keep my equipment in this space whenever at the ball field.	
7. I will stay 6' away from teammates and coaches as possible.	
8. No handshakes, high/low fives, fist/elbow bumps or other touches are permitted. I will cheer for my teammates and the opposing team using baseball cap "tips", thumbs up, and clapping.	,
I will follow all the rules of my coach and parents to stay safe. I know that if I break the rules I may be removed from the team and will not be able to play baseball this year.	
Signed: (player)	
Signed: (parent)	