

Tournament Affidavit Preparation Check List

Attached is a partially filled-in Tournament affidavit, Tournament Player Verification Forms, and Medical Release Forms.

With Adobe Reader, you will be able to complete these forms, save them locally with your changes, and edit them again at a later time if needed. These must be completed on a computer. NO hand written affidavits will be accepted. **You MUST use Adobe Reader, especially on Apple machines. Most non-Adobe PDF viewers (Apple Preview, Google Chrome PDF viewer, etc) do not fully implement the complete PDF form specification. You can obtain Adobe Reader from <http://get.adobe.com/reader/>.**

Please:

- Verify all of the information that has been pre-entered.
- Ensure players are listed alphabetically.
- Ensure names of players are listed exactly as on their birth certificate. If the child's name is William Joseph Smith, enter "William Joseph Smith". NO Willie Smith, Willie J. Smith, Willie Joseph Smith, Bill Smith, Billy Joe Smith, etc.
- When you enter the Birthdate, the league age will be calculated and automatically entered for you. If you get an error stating that you have selected a specific tournament Level of Play and providing the valid League Ages, check the date you entered. The league age must be one that allows for inclusion at this tournament Level of Play (i.e. only 8, 9 and 10 year olds may play on the 8-10 tournament team) and this error means that the league age would not be proper for this specific tournament team.
- Tournament Player Verification Forms.** When the info is entered on the affidavit for each player, their name, address and date of birth along with the league name and league ID will automatically be entered on to an individual Tournament Verification Form for each player. On each form, indicate the Type of Age Proof (will usually be "Board of Health/Registrar of Vital Statistics for a birth certificate) and what Residency Proof documentation is provided. Fill-in the Date Requested and have the players parent and League President sign each form. **Note: The completed and signed Tournament Player Verification Form with residency documentation attached will only need to be completed once and a copy of the package will be used for all future tournament teams the child may be selected for. Be sure to keep a copy and get the original to the players parents for use in future years.** If you have a previously approved document, disregard this page and attach the previously approved document including all attached documentation. **Starting in 2017, these forms are mandatory for tournament play.**
- Be sure to check the proof of residency documents carefully. If the player's last name does not match what is on the proof, you must tie the two names together. For example, if the mother is remarried, provide the marriage license that shows the mothers prior last name if it matches the players. You must have 1 proof from 3 different groups. 3 utility bills only provides one proof. Recommend drivers license (group 1), auto registration (group 2) and voter registration (group 3). I know military members will probably not have these...
- Copy all 3 proofs onto one page. Be sure to include the area that shows date, the name and address and highlight in yellow the name and address on each proof.
- Make sure you have an ORIGINAL birth certificate. No copies, certified or not! Information on how to obtain an original from a U.S. State can be obtained at <http://www.cdc.gov/nchs/w2w.htm>. The original will be returned to you. You should return the original to the parents ASAP. Make them sign that they got it back. If you do not, they will accuse you of not returning it to them when they can not find it!
- Identify on the boundary map the approximate location where each player's residence is located by entering the line number from the affidavit where the child's name was entered and circling it. If they are playing in your league based upon the school they attend, enter the line number where the school is physically located within your boundary. If they live outside the boundary show the circled number outside the boundary in the direction where their residence is.
- Medical Release Forms.** When the info is entered on the affidavit for each player, their name, address and date of birth along with the league name and league ID will automatically be entered on to an individual Medical Release Form. **Fill-in the league insurance information on one of the forms and it will populate it to all other forms.** Get the parents to finish filling out the Medical Release Form and make a copy of each. Place each group in a plastic sleeve.
- Get the Manager, League President and Player Agent to sign on page 2 of the affidavit.
- Get the League President to sign the boundary map above their name if it is not already signed.

Place all of the information into a notebook as described on the following page and get it to your league president who will get the District's approval.

Tournament Affidavit Notebook Requirement

Must be a white, three ring binder (1 inch usually works best) with a sleeve on the front where the “Affidavit Notebook Cover” created on the following page can be inserted.

All documents must be in a clear document protector as follows:

- 1) One with the Affidavit form through the pitching record pages.
- 2) One for each player with the signed and dated Tournament Player Verification Form, the original birth certificate and one page with the three proofs of residency documentation copied onto it. Include any player waivers (II(d), IV(h) or Charter Committee letter) as noted on the player pages on the affidavit. These packages should be in the same order as listed on the affidavit (alphabetically). **Note: The completed and signed Tournament Player Verification Form with all residency documentation attached will only need to be done once and will be used for all future tournament teams the child may be selected. Be sure to keep a copy and get the original to the players parents for use in future years.** If you have a previously approved document, disregard this page and attach the previously approved document including all attached documentation.
- 3) All Medical Release Forms in one and a copy of them in a second protector.
- 4) Boundary map(s) along with any team documentation such as approval letter to combine leagues, permission to advance to State Tournament without having played in a District Tournament, etc.

League President's Phone Numbers

Day

Mobile/Home

Little League Baseball®

Tournament Team Eligibility Affidavit

Please type or print all information

Year: _____

League ID Number(s)

If playing in combination, enter all numbers

Name of League _____ City _____ State/ Province _____ Country _____

BASEBALL	Levels of Play (check one)	<input type="checkbox"/> 8-10-Year-Old	<input type="checkbox"/> 9-11-Year-Old	<input type="checkbox"/> Little League®
		<input type="checkbox"/> Intermediate (50/70)	<input type="checkbox"/> Junior League	<input type="checkbox"/> Senior League

- A. COMPLETE:** All spaces above must be completed, as well as all spaces for each participant.
- B. DOCUMENTATION:** A Tournament Player Verification Form shall be completed for each player. **NOTE:** Players who established “residence” or “school attendance” for regular season and/or tournament prior to the 2016-2017 season using the Tournament Player Verification Form, and can produce the form with proper proofs and signatures, will be permitted to use that form (with documents) and will NOT need to complete a **new** Player Verification Form. Residency/School Attendance and all other eligibility documentation (“Eligibility Documentation”) shall be attached to Tournament Player Verification Forms for each player. The team manager, set forth in the Tournament Team Eligibility Affidavit (“Affidavit”) must provide this Affidavit to the Tournament Director at each level of play (District, Sectional, State, Divisional, Regional, World Series). The league named above must provide a photocopy of this Affidavit which shall be retained by the District Administrator, after it is certified by that District Administrator, or his/her authorized representative. All Residency Documentation shall be established and supported by documents dated or in force between **February 1, 2016 and February 1, 2017**. School attendance shall be established and supported by a document indicating enrollment for the current academic year, **dated prior to October 1, 2016**. The Eligibility Documentation will accompany each team and shall be reviewed by the Tournament Director at the Sectional, State, Divisional, Regional, and World Series levels of tournament play.
- C. ELIGIBILITY OF PITCHERS:** The team manager for the team listed herein is *solely responsible* for ensuring that any pitcher on this team who enters a game is eligible under all conditions listed in the Tournament Rules and Guidelines. *If an ineligible pitcher enters a game, it may result in forfeiture by action of the Tournament Committee in Williamsport, Pennsylvania.*
- D. ELIGIBILITY OF PLAYERS:** A player may be deemed ineligible by the Tournament Committee because of a violation of Little League® Rules and Regulations regarding: 1) participation requirements; 2) league age; 3) residence or school attendance (as defined by Little League Baseball®, Incorporated); or 4) participation for at least 60 percent of the regular season as an eligible player in the proper division(s). *If the Tournament Committee deems any player to be ineligible, it may result in forfeiture of tournament game(s), and/or removal of the team or teams in the local league from tournament play, forfeiture of any championship title, suspension or removal of personnel from further Little League activities, and/or suspension or revocation of the local league’s charter.*

- E. MAP OF BOUNDARIES:** This Affidavit must be further accompanied by a map (the “Boundary Map”) showing the actual boundaries of the local Little League named above. The location of each player’s complete residence (including street address, city, state, and zip code) or the location of the school in which the player is currently enrolled (“residence” and “school attendance”) as defined by Little League Baseball, Incorporated) must be clearly marked and noted on the Boundary Map, with references to the names and/or numbers of the players as listed on this Affidavit. The league boundaries as detailed on the Boundary Map must be a physical structure (such as a road), or a geographic feature (such as a river). The boundary line will be considered to be in the center of such structures or features, unless noted otherwise. The boundaries must not encroach on the territory of any other chartered Little League’s boundaries. The Boundary Map accompanying this Affidavit must be signed and dated by the District Administrator and League President. The Boundary Map depicting the league’s boundaries must also be on file at the Regional Center.
- F. DISTRICT ADMINISTRATOR OR TOURNAMENT DIRECTOR’S SIGNATURE/DATE:** By initialing the “District Approved” box, the District Administrator verifies that the information regarding this player’s eligibility under all regulations [league age, residence or school attendance, and participation in 60 percent of the regular season prior to the start of tournament play in their respective division] is all in accordance with Little League Rules and Regulations. This may not be completed prior to June 1 and not until the availability and eligibility of all prospective team members has been established.
- G. COMPLIANCE VERIFICATION:** It is agreed and understood that Little League shall have the right to request and require production of additional documentation and/or information which Little League deems necessary to verify complete compliance with all Little League Rules and Regulations and requirements.

NOTE: This Affidavit is not complete unless: 1) all spaces are properly completed; 2) accompanied by a Boundary Map (E - above); 3) accompanied by eligibility waivers for any participants otherwise ineligible [Charter Committee, II(d), IV(h)]; 4) a copy of the “Statement in Lieu of Acceptable Proof of Birth” for all players who lack such acceptable proof, along with copies of all documentation used to obtain the statement; and 5) a Player Verification Form for every player accompanied by Eligibility Documentation.

This Affidavit and all accompanying documentation shall not be shared with or provided to opposing teams, media personnel, or any other persons unless specifically approved in writing by Little League Baseball, Incorporated.

CERTIFICATION BY TEAM MANAGER

By my signature below, I certify that all the information contained on this Affidavit is true and correct, to the best of my knowledge. I have read and understand: 1) all of the Little League Rules and Regulations pertaining to eligibility; 2) I am solely responsible for the eligibility of pitchers and players on my team; 3) if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the International Tournament, or any other disciplinary action deemed appropriate by the Tournament Committee in Williamsport; 4) I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, (A) to my satisfaction, or, (B) by the Tournament Committee in Williamsport, Pennsylvania, the decision of which shall be final and binding; 5) I am solely responsible for the behavior of my team, the supporters, and fans; 6) If I, my coaching staff, or members of my team display unsportsmanlike conduct on or off the field; "make a travesty of the game;" or repeatedly/willfully violate any Little League Rules, Regulations, or policies during a game, at the game site, at any event related to the International Tournament in a manner, or through any digital communication, the Tournament Committee reserves the right in its sole discretion to discipline the team and/or impose penalties outlined in the Tournament Rules "Responsibility and Chain of Command," and the Tournament Committee's decisions will be final and binding; and 7) that I must maintain and be in possession of all required Tournament Player Verification Forms with Eligibility Documentation, Boundary Map, and Affidavit with pitching records throughout all levels of play. I further certify that I am fully eligible to be the manager of this tournament team, and the coaches named on this Affidavit are also eligible in accordance with Little League Rules and Regulations.

Signature of Manager _____ **Date Signed** _____

Signature of Replacement Manager _____ **Date Signed** _____

(Note: Temporary replacements should not sign.)

CERTIFICATION BY LEAGUE PRESIDENT AND LEAGUE PLAYER AGENT

We, (League President, please print) _____,

and (Player Agent, please print) _____,

have personally reviewed this Affidavit, as well as all Tournament Player Verification forms with supporting Eligibility Documentation (birth records, proof of residence or school attendance as defined by Little League Baseball®, Incorporated, and proof of participation), and Boundary Map regarding the tournament team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this Affidavit. By our signatures below, we certify that the names, dates of birth, and residences/school enrollment (as defined by Little League Baseball, Incorporated) of the persons listed on this Affidavit and the league boundaries as set forth on the Boundary Map are true and correct, and have been substantiated by legal documentation that is acceptable under Little League® Rules, Regulations, and guidelines. I certify that the manager, coaches, and all players on this Affidavit are fully eligible under all Little League® rules and regulations. Should a controversy arise, we agree to accept the decision of the Charter Committee/Tournament Committee as final and binding.

Signature of League President _____ **Date Signed** _____

Signature of Player Agent _____ **Date Signed** _____

CERTIFICATIONS BY DISTRICT ADMINISTRATOR AND ENSUING TOURNAMENT DIRECTORS

By my signature below (or that of my authorized representative), I certify that the names, eligibility (as defined by Little League Baseball, Incorporated), and dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters.

Signature of District Administrator _____ **Date Signed** _____

* District Officials are verifying that they have reviewed the documents accompanying this Affidavit and they appear to meet Little League standards for tournament participation.

Signature of Sectional Tournament Director _____ **Date Signed** _____

Signature of State Tournament Director _____ **Date Signed** _____

Signature of Divisional Tournament Director _____ **Date Signed** _____

Signature of Regional Tournament Director _____ **Date Signed** _____

Signature of World Series Tournament Director _____ **Date Signed** _____

* Tournament Directors are verifying that they have reviewed the documents accompanying this Affidavit and they appear to meet Little League standards for tournament participation.

PLAYER INFORMATION

PLAYER’S NAME LINE: This should be the player’s full name, as listed on the birth document(s). If the name has been changed, then a “Statement in Lieu of Acceptable Proof of Birth” (issued by the Regional Director or District Administrator) is required for that player to be eligible.

ADDRESS: The address listed for each player must be inside the boundaries as detailed on the attached map (required, see “E” on previous page), unless the league has received a waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year for the player in question.

SCHOOL ENROLLMENT: The physical location of the school where the player attends classes is within the boundaries established by the local league (required, see “E” on previous page).

II(D)/IV(H): If the address listed in the player’s information is outside the boundaries as detailed on the attached map (required, see “E” on previous page), then that player is eligible ONLY if this affidavit is accompanied by a properly completed and acceptable Regulation II (d) Waiver Form, a Regulation IV (h) Waiver Form, or a written waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year. Please mark the box to indicate that the appropriate form is attached to this affidavit.

DOB: Acceptable proof of birth documents are any ONE of the following: 1) Original proof of age document, if issued by federal, state, or provincial registrars of vital statistics in the country in which the Little League player is participating; 2) If country of participation differs from the country of proof of age document, the proof of age document must be filed, recorded, registered, or issued within one (1) year of the birth of the child; 3) A government-certified copy of the original birth certificate, if the original certificate was filed, recorded, registered, or issued within one (1) year of the birth of the child; 4) A document issued by a local, state, provincial, or national government authority that lists the date of birth, with reference to the location and filed, recorded, registered, or issued date of the original birth certificate. (Such original birth certificate must have been filed, recorded, registered, or issued within one (1) year of the birth of the child.); 5) A “Statement in Lieu of Acceptable Proof of Birth” issued by a Little League Regional Director or District Administrator. Note: The proof of birth date documents must personally be inspected by the local Little League President, Player Agent, AND District Administrator (or his/her designated appointee).

GAMES PLAYED BY THE START OF TOURNAMENT PLAY: If the number of games listed for the player (page 4) is less than 60 percent of those listed for the team (page 3), then the player is eligible ONLY if this affidavit is accompanied by a written waiver for the current year from the Charter Committee in Williamsport, Pennsylvania. The number must refer only to actual games played by the team (page 3) and player (page 4) prior to the start of tournament play in their respective division. This may not be completed prior to June 1 and not until the availability and eligibility of all prospective team members has been established. **Exception:** The period during which a candidate was a member of a middle school, junior high school, or high school baseball or softball team, is not to be considered in this evaluation. If this is the case, games played as a member of a school team must be noted on a separate sheet and carried with this affidavit. (See “Eligibility” in Tournament Rules and Guidelines.) A local league Board of Directors may permit a player to be eligible for selection who does not meet the 60% requirement, if they provide a physician’s note documenting an injury or illness prior to or during the current season prohibiting his/her participation and such note releases the player for the balance of the Regular Season and/or Tournament play.

REGULAR SEASON TEAM INFORMATION

Please list all regular season teams for this division.

Regular Season Team Code: The letter associated with the team. The team noted must be a team in the proper or age appropriate division of this league or a team in a combination approved by the Regional Director for the level of play on the front page of this Affidavit.

Team Name: Name as it appears on the regular season roster.

Code	TEAM NAME	GAMES PLAYED BY START OF TOURNAMENT	REGULAR SEASON DIVISION	LEAGUE I.D. NUMBER
Z	Tigers	15	LL Major	9999
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				

MANAGER/COACH INFORMATION

Phone Number(s): List day and evening numbers. This will assist district staff in case of game rescheduling.

	Name	Email Address	Team Code	Day Phone	Mobile/Home Phone
M					
C					
C					

Player Name		Team Code	League Age	District Admin. Approval
Address of Parent or Legal Guardian or Address of School		<i>Games played by start of Tournament by this player</i>	Type of Waiver	
Birthdate (MM/DD/YY)	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ex.	John Smith	Team Code	12	Initials
	539 US Highway 15 Williamsport, PA 17701	z		<i>I.N.T.</i>
	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	01/01/2005	15		06/15/2017

1.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note Roster Size: Each roster must carry a minimum of 12 players unless waived by the District Administrator with their signature on this affidavit. Maximum rosters size is 14 (16 for Senior League).

8.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PLAYER REPLACEMENT

The spaces below are to be used for replacement of players. Such replacements MUST be permanent only. When a player is replaced, his/her original space shall be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.

* Tournament Directors are verifying that they have reviewed the documents accompanying this Affidavit and they appear to meet Little League standards for tournament participation.

Address of Parent or Legal Guardian or Address of School		Team Code	League Age	Tournament Director Approval
Birthdate (MM/DD/YY)	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No	Games played by start of Tournament by this player	Type of Waiver	
A.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C.		Team Code		Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MANAGER/COACH REPLACEMENT

Temporary replacement of a manger or coach must be entered each time an individual serves as a temporary manager or coach. After the first time an individual serves as temporary replacement for a manager or coach at any level of tournament play, that individual cannot be used again in the tournament until a Little League Volunteer Application is completed and the league president or tournament director conducts a background check in accordance with Little League Regulations and any respective state laws. Violations of these requirements are subject to action by the Tournament Committee in Williamsport, Pennsylvania. When a manager or coach is permanently replaced, his/her original space on page 3 shall be marked with a HEAVY black line. Once a manager or coach on the original affidavit is replaced, he/she cannot return to manage or coach the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.

	Name	Email Address	Team Code	Day Phone	Mobile/Home Phone	P/T	Date
M							
C							
M							
C							
M							
C							
M							
C							
M							
C							

Baseball Pitch Count Data Sheet

League: _____

Division: _____

Additional blank data sheets are available at
LittleLeague.org

8-10 — Junior Divisions

League Age	Max Pitches Per Day	# of Pitches Thrown	Days of Rest
		8	50
9-10	75	21 - 35	1
11-12	85	36 - 50	2
13-14	95	51 - 65	3
		> 65	4

Senior League

League Age	Max Pitches Per Day	# of Pitches Thrown	Days of Rest
		13-16	95
		31 - 45	1
		46 - 60	2
		61 - 75	3
		> 75	4

Date of Game	Level of Play *	Pitcher	League Age	Name of Opponent	Score**		# Pitches Thrown	Threshold Reached	# Days Rest Needed	Official Scorer or Pitch Counter Initials	Manager Initials	Tournament Director Signature
					Own	Opp						
7/1	District	Joe Smith	12	Downtown	7	8	21	20	0	I.N.T.	I.N.T.	Signature

RECORD OF EJECTIONS

Player/Manager/Coach Name	Opponent	Date	Tournament Director Signature

* The level of tournament play (i.e. District, Sectional, State, Divisional, Regional, or World Series)
 ** Score should be the score when this pitcher finished pitching in the game. A separate sheet may be attached if more space is required.

Baseball Pitch Count Data Sheet

League: _____

Division: _____

Additional blank data sheets are available at
LittleLeague.org

8-10 — Junior Divisions

League Age	Max Pitches Per Day	# of Pitches Thrown	Days of Rest
8	50	1 - 20	0
9-10	75	21 - 35	1
11-12	85	36 - 50	2
13-14	95	51 - 65	3
		> 65	4

Senior League

League Age	Max Pitches Per Day	# of Pitches Thrown	Days of Rest
13-16	95	1 - 30	0
		31 - 45	1
		46 - 60	2
		61 - 75	3
		> 75	4

Date of Game	Level of Play *	Pitcher	League Age	Name of Opponent	Score**		# Pitches Thrown	Threshold Reached	# Days Rest Needed	Official Scorer or Pitch Counter Initials	Manager Initials	Tournament Director Signature
					Own	Opp						
7/1	District	Joe Smith	12	Downtown	7	8	21	20	0	I.N.T.	I.N.T.	Signature

RECORD OF EJECTIONS

Player/Manager/Coach Name	Opponent	Date	Tournament Director Signature

* The level of tournament play (i.e. District, Sectional, State, Divisional, Regional, or World Series)
 ** Score should be the score when this pitcher finished pitching in the game. A separate sheet may be attached if more space is required.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

Parent or Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

League President's Verification: I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspensions and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of League President

Signature of League President

Date

District Administrator's Review: I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

Name (Print) of District Administrator

Signature of District Administrator

Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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Signature of Parent/Legal Guardian

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Name (Printed) of League President

Signature of League President

Date

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Name (Print) of District Administrator

Signature of District Administrator

Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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Signature of League President _____

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Name (Print) of District Administrator _____

Signature of District Administrator _____

Date _____

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

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Signature of League President

Date

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Signature of District Administrator

Date

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

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Signature of District Administrator _____

Date _____

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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Signature of District Administrator _____

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
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GROUP TWO

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- Federal Records (i.e., Federal Tax, Social Security, etc.)
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- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

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Date

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Signature of District Administrator

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NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

Parent or Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

League President's Verification: I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspensions and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of League President _____

Signature of League President _____

Date _____

District Administrator's Review: I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

Name (Print) of District Administrator _____

Signature of District Administrator _____

Date _____

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

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Name (Printed) of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

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Name (Printed) of League President _____

Signature of League President _____

Date _____

District Administrator's Review: I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

Name (Print) of District Administrator _____

Signature of District Administrator _____

Date _____

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

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Name (Printed) of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

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Signature of League President _____

Date _____

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Signature of District Administrator _____

Date _____

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

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Signature of League President _____

Date _____

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Name (Print) of District Administrator _____

Signature of District Administrator _____

Date _____

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

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Name (Printed) of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

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Signature of League President

Date

District Administrator's Review: I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

Name (Print) of District Administrator

Signature of District Administrator

Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

Parent or Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

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LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) BASEBALL SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics Federal/Military In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City, State, Zip _____

GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): II(d) Waiver IV(h) Waiver Charter Committee Waiver

All residency documentation must be attached to this form

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Date _____

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Signature of League President _____

Date _____

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Name (Print) of District Administrator _____

Signature of District Administrator _____

Date _____

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

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Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

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Player's Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION: Email: _____

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Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

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Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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Player's Address: _____

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Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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