

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 act or play on the field in a manner that gives rise for a tournament director or the Little League International Tournament Committee to interrupt our effort, or our performance is not consistent with fair play, they will have the ability to discipline my team with sole discretion and their decisions will be final and binding; and 7) that I must maintain and be in possession of all required Eligibility Documentation and the Boundary Map 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 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 and Regulations. 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 Leaguer 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 JUNE 15 OR THE START OF TOURNAMENT PLAY FOR SENIOR AND BIG LEAGUE: If the number of games listed for the player (page 4) is less than 60 percent (40 percent for Big League) 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). 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 (Big League: 40%), 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 JUNE 15	REGULAR SEASON DIVISION	LEAGUE I.D. NUMBER
Ex:	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	ADDRESS, CITY, STATE/PROVINCE, ZIP/POSTAL CODE	TEAM CODE	DAY PHONE	EVENING PHONE
M					
C					
C					

PLAYER NAME		Team Code	League Age	District Admin. Approval	
Address of Parent or Legal Guardian or Address of School					
BIRTHDATE (MM/DD/YY)	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games played by June 15 by this player	Type of Waiver		
Ex: Jane Smith		Team Code	12	Initials	
539 US Highway 15 Williamsport, PA 17701		Ex			I.N.T
01/01/2003	RESIDENCE OR SCHOOL INSIDE MAP? _x_ YES ____ No	Games Played 15		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App. 06/15/2016
1.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
2.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
3.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
4.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
5.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
6.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
7.		Team Code		Initials	
	RESIDENCE OR SCHOOL INSIDE MAP? ____ YES ____ No	Games Played		<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.

Note Roster Size: Each roster must carry a minimum of 12 players unless waived by the District Administrator with their signature on an affidavit. Maximum rosters Juniors and below is 14, Seniors 16, and Big League 17.

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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____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? ____YES ____No			
17.		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? ____YES ____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 should 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? ____ YES ____ NO	Games played by June 15 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? ____ YES ____ 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? ____ YES ____ 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? ____ YES ____ 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. When a manager or coach is permanently replaced, his/her original space on page 3 should 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, PA.

	NAME	ADDRESS, CITY, STATE/PROVINCE, ZIP/POSTAL CODE	TEAM CODE	DAY PHONE	EVENING PHONE	P/T
M						
C						
M						
C						
M						
C						
M						
C						
M						
C						

Softball Tournament Pitch Record

League: _____

Division: _____

(Additional blank data sheets are available at League.org)

Division	Max # Innings A Day	}	# of Innings Pitched	Days of Rest	DIVISION	
8-10	12				Jr/Sr/BL	Unlimited
9-11	12		<7	0		
10-12	12		7 or >	1		

[illegible]

RECORD OF EJECTIONS

[illegible]

* The level of tournament play (i.e. District, Sectional, State, Regional, and 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.

*** Any part of an inning counts as a full inning pitched for this calculation. As a result, all numbers in this column must be whole numbers.

Softball Tournament Pitch Record

League: _____

Division: _____

(Additional blank data sheets are available at League.org)

Division	Max # Innings A Day
8-10	12
9-11	12
10-12	12

}

# of Innings Pitched	Days of Rest
<7	0
7 or >	1

DIVISION	
Jr/Sr/BL	Unlimited

[illegible]

RECORD OF EJECTIONS

[illegible]

* The level of tournament play (i.e. District, Sectional, State, Regional, and 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.

*** Any part of an inning counts as a full inning pitched for this calculation. As a result, all numbers in this column must be whole numbers.